

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000108982
1. Entity Name
**FLORIDA FINANCIAL SERVICES & TRUST ADMINISTRATIO
N, INC**



FILED
03 NOV 12 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1416 S.W. 48TH TERRACE
CAPE CORAL FL 33914-8905**

Mailing Address
**1416 S.W. 48TH TERRACE
CAPE CORAL FL 33914-8905**

2. Principal Place of Business
12852 DRESDEN COURT

3. Mailing Address
12852 DRESDEN COURT

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33912

Country
U.S.A.

Zip
33912

Country
U.S.A.

REINSTATEMENT 03
 CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0802488**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLESNER, JEFFREY R.
1416 S.W. 48TH TERRACE
CAPE CORAL FL 33914-8905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
12852 DRESDEN COURT

City
FORT MYERS

FL Zip Code
33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FLESNER, JEFFREY R	1416 S.W. 48TH TERRACE	CAPE CORAL FL 33914-8905	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		12852 DRESDEN COURT	FORT MYERS, FL 33912	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		600023855516	11/20/03--01072--015 **600.00	<input type="checkbox"/>	<input type="checkbox"/>
		600023855516	10/16/03--01050--011 **150.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

R. R. 12

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey R. Flesner* **JEFFREY R. FLESNER.** *09/02/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)