

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # S61518**

1. Entity Name  
**INVESTEC SERVICES, INC.**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90096 028 \*\*\*150.00

Principal Place of Business  
**1630 EMERSON STREET  
JACKSONVILLE FL 32207  
US**

Mailing Address  
**1630 EMERSON STREET  
~~STE 20~~  
JACKSONVILLE FL 32207  
US**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**1630 Emerson Street**  
Suite, Apt. #, etc.

City & State  
**Jacksonville FL**

4. FEI Number **59-3079200**

Zip **32207** Country **Duval**

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

6. Name and Address of Current Registered Agent  
**MORGAN, JAMES F.  
1630 EMERSON STREET  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MORGAN, JAMES F. 943 BROOKWOOD RD. JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **8/3/00** **904-346-3668**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/00)

**INVESTEC Services, Inc.**  
*Real Estate Advisors, Marketing, Acquisitions*   
**Licensed Mortgage Broker - Commercial Financing**

ATTACHMENT  
#S61518  
DW774416

1630 Emerson Street  
Jacksonville, Florida 32207-6104  
www.INVESTECfl.com

(904) 346-3668  
Fax: (904) 346-0922  
E-mail: INVESTECfl@aol.com

August 3, 2000

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Ref. Number S61518  
EIN: 59-3079200

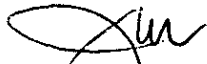
To Whom It May Concern:

We recently received a Second Notice regarding the filing of our 2000 Uniform Business Report. The following events occurred with this filing:

1. We filled out the report and sent it to the Department of Corporations on February 11, 2000. (see attached)
2. On February 24, 2000 we received our report and check back with a letter indicating the report was not filled out completely. (see attached)
3. My bookkeeper comes in twice a month so the report was not looked at until March 6, 2000.
4. On March 6, 2000 it was reviewed and the only thing missing was my signature. On March 6, 2000 we resent the report and the original check #3583 in the amount of \$150.00.
5. Until receiving the Second Notice, we were unaware of any problem.
6. My bookkeeper spoke to a representative in the department and he indicated we should fill out the Second Notice Report and re-send it along with a new check for \$150.00 and a letter stating the calendar of events.

It is my sincere hope that you will reconsider the additional penalty assessed as you can see that it was our intention to file this report in a timely manner.

Sincerely,

  
James F. Morgan  
President