

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90151 033 ***150.00

DOCUMENT # 415228

1. Entity Name

FIRST MONEYSAVERS, INC.

Principal Place of Business

**ONE INDEPENDENT SQUARE, SUITE 3000
JACKSONVILLE FL 32202**

Mailing Address

**P.O. BOX 1180
MELBOURNE FL 32902**

2. Principal Place of Business

50 North Laura Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 3300

City & State

Jacksonville, FL

City & State

Zip

32202

Country

US

Zip

Country

4. FEI Number

59-1514507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAM CORPORATE SERVICES, INC.
ATTN: JOHN D MILTON, JR
ONE INDEPENDENT DR., STE 3000
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

RAX CO. c/o BARBARA C. JOHNSTON

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

50 NORTH LAURA STREET

City

JACKSONVILLE

FL

Zip Code

32202

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

Barbara C. Johnston

Barbara C. Johnston, VP

4-6-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **FUSILLO, PAUL**
STREET ADDRESS **440 S. HARBOR CITY BLVD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **S** ☐ Delete
NAME **FUSILLO, DULCIE A**
STREET ADDRESS **440 S. HARBOR CITY BLVD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Dulcie Ann Fusillo, Sec **Dulcie Ann Fusillo, Sec. 2-22-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-723-2941

CR2E034 (10/00)

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