## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** 465683

1. Entity Name



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90163 013 \*\*\*150.00

THE TALLAHASSEE STATE	BANK 				01-16-200	03 90163 01	13 ***1	30.00
Principal Place of Business 2720 WEST TENNESSEE STREET P. O. BOX 2275 TALLAHASSEE FL 32316	Mailing Addr 2720 WEST T P. O. BOX 22 TALLAHASSEE	T <mark>enne</mark> ssee stree 275	ET	WE	i ibbiu bigje gjjej bijje si			1
2. Principal Place of Business	3. Mailing Add	dress						
Suite, Apt. #,,etc.	Suite, Apt. #	f, etc.						
City & State	City & State	<del></del>		4.	FEI Number 50 45000	<u> </u>	G CHAN	
Zip Country	Zip	Cou	untry	<del></del>			<u></u>	Applied For Not Applicab
6. Name and Address of	f Current Registered Agent			5.	Certificate of Status Desire	q 🔲	<b>\$8.75</b> Fee Req	Additional
	Current Registered Agent	<u> </u>		7.	Name and Address of Nev	v Registered	Anent	ulled
MOORE, W. BOOKER			Name			- regionalica i	-geni	<del></del>
516 S RIDE			Street Ad	dress (P.O. E	Box Number is Not Accepta	ble)		<del></del>
TALLAHASSEE FL 32303								
8. The above named entity submits this are			City			FI	Zip C	ode
<ol><li>The above named entity submits this statement the obligations of registered agent.</li></ol>	ement for the purpose of cha	anging its register	red office or r	registered ag	ent, or both, in the State of I	Florida. I am f	amiliar wi	th, and accept
SIGNATURE								
Signature, typed ori								,
Signature, typed or printed name of regisl		(NOTE: Registere	ed Agent signature	required when rei	instating)	DATE		<del>- : -</del>
Signature, typed or printed name of regist	.00	(NOTE: Registere	ed Agent signature	required when rei		DATE		
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indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

850-205-516