

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694937

1. Entity Name  
FIRST UNION SECURITIES FINANCIAL NETWORK, INC.

FILED

02 JAN 31 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O CORPORATE SERVICE CO.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Mailing Address  
C/O CORPORATE SERVICE CO.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2617265

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEEDS, MARSHALL	
STREET ADDRESS	980 N FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAPLES, MARK	
STREET ADDRESS	901 EAST BYRD ST	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMBISH, KAREN	
STREET ADDRESS	901 EAST BYRD ST	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASER, GREGG	
STREET ADDRESS	980 N FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SV	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT L	
STREET ADDRESS	301 S. COLLEGE ST	
CITY-ST-ZIP	CHARLOTTE NC 28288-0630	
TITLE	V	<input type="checkbox"/> Delete
NAME	MULLIS, CAROL R	
STREET ADDRESS	301 S. COLLEGE ST	
CITY-ST-ZIP	CHARLOTTE NC 28288-0630	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Monday	
STREET ADDRESS	901 E. Byrd	
CITY-ST-ZIP	Richmond, VA 23219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Carol R. Mullis Carol R. Mullis - VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0040519 AV

CR2E034 (9/01)



282

ACCOUNT NO. : 072100000032

REFERENCE : 162684 167868A

AUTHORIZATION :

*Patricia K. Kuntz*

COST LIMIT : \$ 150.00

ORDER DATE : January 30, 2002

ORDER TIME : 4:23 PM

ORDER NO. : 162684-005

CUSTOMER NO: 167868A

CUSTOMER: Beverly Jackson, Legal Asst  
First Union Corporation  
One First Union Center, Nc0630  
Legal Division-31st Floor  
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: FIRST UNION SECURITIES  
FINANCIAL NETWORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 JAN 31 AM 8:41  
DIVISION OF CORPORATION