

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90227 013 ***150.00

9686990
FD

DOCUMENT # F02000002703

1. Entity Name
FIRST NATIONAL INVESTMENT SERVICES COMPANY



Principal Place of Business
2150 GOODLETTE ROAD NORTH
NAPLES FL 34102

Mailing Address
ONE F.N.B. BLVD.
HERMITAGE PA 16148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1898289**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F.N.B. CORPORATION
2150 GOODLETTE ROAD NORTH
NAPLES FL 34102

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	MORRIS, MICHAEL H	
STREET ADDRESS	2150 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNETTE, ANDREW A	
STREET ADDRESS	PO BOX 100810	
CITY-ST-ZIP	CAPE CORAL FL 33910-0810	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIGER, JAMES W	
STREET ADDRESS	909 MACEWEN DR.	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, ARCHIE O	
STREET ADDRESS	288 E. AVE.	
CITY-ST-ZIP	GREENVILLE PA 16125	
TITLE	P	<input type="checkbox"/> Delete
NAME	KUHN, JACK R	
STREET ADDRESS	2150 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WELLS, CHRISTINE	
STREET ADDRESS	2150 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL 34102	

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	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	Ellen Vanderburg
CITY-ST-ZIP	2150 Goodlette Road North Naples, FL 34102

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:

Ellen Vanderburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 239-659-7990
Date Daytime Phone #

CR2E034 (10/02)