

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90161 008 \*\*\*150.00

**DOCUMENT # F97000001794**  
1. Entity Name  
**FIRST CENTRAL INVESTMENT CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>FIRST CENTRAL INVESTMENT CORP.</b> Suite, Apt. #, etc. <b>830 ESTERO BLVD.</b>	3. Mailing Address <b>FIRST CENTRAL INVESTMENT CORP.</b> Suite, Apt. #, etc. <b>830 ESTERO BLVD.</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>FT MYERS BEACH, FL</b>	City & State <b>FT MYERS BEACH, FL</b>
Zip <b>33832</b>	Zip <b>33832</b>
Country	Country

4. FEI Number <b>38-1846810</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>YAX, LAWRENCE</b>
Street Address (P.O. Box Number is Not Acceptable) <b>830 ESTERO BLVD.</b>
City <b>FT MYERS BEACH</b>
State <b>FL</b>
Zip Code <b>33832</b>

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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>CP YAX, LAWRENCE 830 ESTERO BLVD. FT MYERS BEACH, FL 33832</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CST YAX, BETTY LOU 830 ESTERO BLVD. FT MYERS BEACH, FL 33832</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY YAX      4/17/02      941-463-1530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034B (1/2001)