2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48289 1. Entity Name FLORIDA AGENCY SERVICES, INC.

FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90163 046 ***150.00

Principal Plac									
	ce of Business		Mailing Address	-					
6314 WHISKEY CREEK DR			6314 WHISKEY CREEK DR., #D						
D FORT MYERS FL 33919		P O DRAWER 60959							
			FT. MYERS FL 33906						
US			US		İ		(818 1 585	111) 1 11)	1818 1818 1818 1818 -
2. Principal P	Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number Applied For Not Applied For			
Zip	Country		Zip	Country		39-2292018			ot Applicable
	commy commy		د الله الله الله الله الله الله الله الله	Country		5. _Certificate of Status Desired [.75 Ad Reduire	
	6. Name and Address	of Current Red	gistered Agent	J		7. Name and Address of New Regist			3 0
CDDINCE	···		<u> </u>		ame	TO Hame and Address of New Regist	ered Ager	<u> </u>	
Springer, david G 5646 Montilla dr			Street Addres		treet Address (P	s (P.O. Box Number is Not Acceptable)			
FT MYER	S FL 33919						_		•••
					ity		FL	Zip Cod	e
8. The above	named entity submits this st	tatement for the	e purpose of changing it	s registered o	ffice or registere	d agent, or both, in the State of Florida.			<u></u>
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 Make Check Payable to Department of		be \$550.00	Election Campaign Financin Trust Fund Contribution.	ng \square		May Be	
			Make Check Pava	ible to Denai	tment of State	i decir and contribution:	_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101663
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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 an other like empowered.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME ON IGNING OFFICER OR DIRECT OF

4-15-02 941-433-3274
Date Daylime Phone *