2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90173 002 ***150.00

DOCUMENT # G65647

1. Entity Name
FAIA MEMBER SERVICES, INC.

Principal Place of Business	Mailing Address
3159 SHAMROCK DRIVE SOUTH TALLAHASSEE FL 32317-0117	3159 SHAMROCK DRIVE SOUTH TALLAHASSEE FL 32317-0117

☐ CHECK HERE IF MAKING CHANGES

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 59-2334480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICE, PETER
3159 SHAMROCK SOUTH
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRADY, JEFFREY W 3159 SHAMROCK DRIVE SOUTH TALLAHASSEE FL 32317-0117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Collinsworth, Meade 5979 NW 151 St Ste 105 Miami Lakes, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTON, TOM 2315 CURRY FORD RD ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Della Porta, Veronica 3112 St. Johs Bluff Rd. S Jacksonville, FL 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ROGERS, SAM JR 1117 THOMASVILLE ROAD TALLAHASSEE FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Norberg, Kenn 525 W. Lantana Rd Lantana, FL 33462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICE, PETER 3159 SHAMROCK DRIVE SOUTH TALLAHASSEE FL 32317-0117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKILLES, JIM 605 NE FIRST ST GAINESVILLE FL 32601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Skiles, Jim 605 NE First St Gainesville, FL 32601
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GHOLSTON, KATHY 3159 SHAMROCK DRIVE SOUTH TALLAHASSEE FL 32317-0117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED 4/7/03 850-893-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #