

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91800 024 ***150.00

0081312 AV

DOCUMENT # G77346

1. Entity Name

FIRST INTERSTATE CORPORATION



Principal Place of Business

**14255 US HWY 1
JUNO BEACH FL 33408
US**

Mailing Address

**14255 US HWY 1
JUNO BEACH FL 33408
US**

2. Principal Place of Business

**115-5 BOUNTYLAND RD
Suite, Apt. #, etc.**

3. Mailing Address

**115-5 BOUNTYLAND RD
Suite, Apt. #, etc.**

City & State

SENECA, SC

City & State

SENECA, SC

Zip

29672

Country

OCONEE

Zip

29672

Country

OCONEE

4. FEI Number

59-2379359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

11041776



6. Name and Address of Current Registered Agent

**ADAMS, JOHN W.
14255 US HWY 1
JUNO BEACH FL 33408**

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ADAMS, JOHN W.	
STREET ADDRESS	1200 TOWN CENTER DR STE 500	
CITY-ST-ZIP	JUPITER FL 33450	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ADAMS, LONNI	
STREET ADDRESS	1200 TOWN CENTER DRIVE STE 500	
CITY-ST-ZIP	JUPITER FL 33450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 136	
CITY-ST-ZIP	MOUNTAIN REST, SC 29672	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 136	
CITY-ST-ZIP	MOUNTAIN REST, SC 29672	
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		

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
JOHN W. ADAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2, 2003

Date

864-886-8880

Daytime Phone #

CR2E034 (10/02)