

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90012 020 ***158.75

DOCUMENT # H91970

1. Entity Name

FIRST CENTURY INVESTMENTS, INC.

Principal Place of Business

5015 S. FLORIDA AVE.
 200
 LAKELAND FL 33813
 US

Mailing Address

8
 POST OFFICE BOX 5252
 LAKELAND FL 33807
 US

2. Principal Place of Business

500 S. Florida Ave
 Suite, Apt. #, etc.
 700

3. Mailing Address

PO Box 5252
 Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33801

Country

USA

City & State

Lakeland, FL

Zip

33807

Country

USA

6. Name and Address of Current Registered Agent

McFARLANE, PETER A., P.A.
 5015 S. FLORIDA AVE.
 SUITE 215
 LAKELAND FL 33813

4. FEI Number

59-2611927

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave
 # 715

City

Lakeland

FL

Zip Code

33801

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
 NAME P
 STREET ADDRESS MAXWELL, LAWRENCE W.
 CITY-ST-ZIP 5015 SOUTH FLORIDA AVE., #200
 LAKELAND FL

TITLE ☐ Delete
 NAME SVP
 STREET ADDRESS BAXLEY, RONALD R.
 CITY-ST-ZIP 5015 SOUTH FLORIDA AVE., #200
 LAKELAND FL

TITLE ☐ Delete
 NAME S
 STREET ADDRESS EDBRUP, BRIDGET
 CITY-ST-ZIP 5015 S. FLORIDA AVE., #200
 LAKELAND FL

TITLE ☐ Delete
 NAME T
 STREET ADDRESS KELLEY, KIM
 CITY-ST-ZIP 5015 S. FLORIDA AVE., #200
 LAKELAND FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN: 11

TITLE
 NAME 500 S. Florida Avenue, #700
 STREET ADDRESS Lakeland, FL 33801
 CITY-ST-ZIP

TITLE
 NAME 500 S. Florida Avenue, #700
 STREET ADDRESS Lakeland, FL 33801
 CITY-ST-ZIP

TITLE
 NAME 500 S. Florida Avenue, #700
 STREET ADDRESS Lakeland, FL 33801
 CITY-ST-ZIP

TITLE
 NAME 500 S. Florida Avenue, #700
 STREET ADDRESS Lakeland, FL 33801
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim S. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

863 647 1581

Daytime Phone #

3-2E034 (9/01)