DOCUMENT # J40682 1. Entity Name FNB BROKERAGE SERVICES, INC.					Feb 08, 2000 8:00 a Secretary of State 02-08-2000 90043 049 ***150.00		
ride biic	DILLIAGE SENVICES, INC.			1	02-08-2000 90	043 049 ***	150.00
Principal Place of Business Mailing Address							
C/O LEONARD HOAG 815 COLORADO AVENUE STUART FL 34994 US		C/O LEONARD HOAG 815 COLORADO AVENUE STUART FL 34994-3053 US			2627100U ·		
2. Principal Place of Business		3. Mailing Address				Ny: 0:0:: =:=	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-2739052		Not ^
Zip Country		Zip Country		5.	Certificate of Status Desired		3.75
	6. Name and Address of Current Re	egistered Agent			Name and Address of New R	egistered Age	ent
	0. F0NABB		Name				<u> </u>
815 (G, LEONARD COLORADO AVE ART FL 34994	Street Address		Address (P.O.	Box Number is Not Acceptable)	
			City			FL	Zip Code
SIGNATURE	named entity submits this statement for the stat		E: Registered Agent sign			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, 2000 Fee will be \$550.00 Make Check Payable to Department of Si		\$550.00	10. Election Campaign Fin Trust Fund Contribution	· -	\$5.00 Added to
11.	OFFICERS AND D		12.	Α	DDITIONS/CHANGES TO OFF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, C. WILLIAM 815 COLORADO AVENUE STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S		Ĺ	Change I
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BONNY 815 COLORADO AVENUE STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, DENNIS S., III 815 COLORADO AVENUE STUART FL	☐ Defete	TITLE NAME STREET ADDRES: CITY-ST-ZIP	s] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHL, WILLIAM R. 815 COLORADO AVENUE STUART FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOAG, LEONARD J 815 COLORADO AVE STUART FL	☐ Delste	TITLE NAME STREET ADDRES CITY-ST-ZIP	5] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PATTERSON, LIS F 815 COLORADO AVE STUART FL	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s] Change
indicated of the cor	certify that the information supplied with the on this report or supplemental report is the receiver or trustee empore, or on an attachment with an address, with the contract of the certification of the receiver or trustee.	rue and accurate and that i vered to execute this report	my signature shal t as required by C	i have the same	e legal effect as it made under d	oath: that I am	an officer .

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daylimo Phone #