

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J40682**

1. Entity Name

FNB BROKERAGE SERVICES, INC.

Principal Place of Business

**C/O LEONARD HOAG
815 COLORADO AVENUE
STUART FL 34994
US**

Mailing Address

**C/O LEONARD HOAG
815 COLORADO AVENUE
STUART FL 34994
US**

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 **59-2739052**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOAG, LEONARD
815 COLORADO AVE
STUART FL 34994**

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.

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	CURTIS, C. WILLIAM	815 COLORADO AVENUE	STUART FL 34994	

	D			<input checked="" type="checkbox"/> Delete
	TURNER, BONNY	815 COLORADO AVENUE	STUART FL 34994	

	D			<input type="checkbox"/> Delete
	HUDSON, DENNIS S., III	815 COLORADO AVENUE	STUART FL	

	D			<input type="checkbox"/> Delete
	HAHL, WILLIAM R.	815 COLORADO AVENUE	STUART FL	

	PD			<input checked="" type="checkbox"/> Delete
	HOAG, LEONARD J	815 COLORADO AVE	STUART FL	

	VS			<input type="checkbox"/> Delete
	PATTERSON, LIS F	815 COLORADO AVE	STUART FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

Leonard J. Hoag
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

561-288-6084

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90058 017 ***150.00

817784

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)