

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48036

1. Entity Name

FINANCIAL RESOURCE AND DEVELOPMENT SERVICES, INC

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90114 049 ***158.75

Principal Place of Business

Mailing Address

% JACK E. ADAMS
1156 SW HUTCHINS ST
PORT ST. LUCIE FL 34983

% JACK E. ADAMS
1156 SW HUTCHINS ST
PORT ST. LUCIE FL 34983-2534

A3041257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0086777

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JACK E.
1156 SW HUTCHINS ST
PORT ST. LUCIE FL 34983

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME JEWELL, JACK D.
STREET ADDRESS 3038 SE BAKERSFIELD ST
CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

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

TITLE DPTS
NAME ADAMS, HELEN G
STREET ADDRESS 1156 SW HUTCHINS ST.
CITY-ST-ZIP PORT ST. LUCIE, FL. ☐ Delete

TITLE D,VP
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D,SVP, T
NAME CHRISTOPHER R. PEAVLEY
STREET ADDRESS 5410 NW EMBLEM ST
CITY-ST-ZIP PORT ST LUCIE, FL 34983 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P, S
NAME JACK E. ADAMS
STREET ADDRESS 1156 SW HUTCHINS ST
CITY-ST-ZIP PORT ST LUCIE, FL 34983 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher R. Peavley

4/17/2000

561-878-2514

Date

Daytime Phone #