

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001231

1. Entity Name

1STPALM FINANCIAL SERVICES, LLC

FILED

01 MAR 16 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6650 SOUTHPOINT PARKWAY, SUITE 204
JACKSONVILLE FL 32216

Mailing Address

6650 SOUTHPOINT PARKWAY, SUITE 204
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4905 Belfort Road

3. Mailing Address

4905 Belfort Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32256

USA

32256

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003888718--0
-03/20/01--01092--001
****100.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Laren, Philip G.
4905 Belfort Road, Suite 110
Jacksonville, FL 32256

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Mackey, Ann R.
4905 Belfort Road, Suite 110
Jacksonville, FL 32256

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/13/01

Date

904-281-5053

Daytime Phone #

CR2E083 (11/00)