2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013271

1. Entity Name

FIRST FINANCIAL, PL

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

8620 NATURES HOLLOW WAY
JACKSONVILLE, FLA. 32217

REINSTATEMENT 2001

2. Principal Place of Business	3. Mailing Address Without Prejudice,
C/O 9140 GOLFSIDE DRIVE	C/O 9140 GOLFSIDE DRIVE
Suite, Apt. #, etc. #11-N	Suite, Apt. #, etc. #11-N
City & State JACKSONVILLE FLORIDA	City & State JACKSONVILLE FLORIDA
Zip [32256] Country AMERICA	Zip [32256] Country AMERICA

4. FEI Number 59-367522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Charles Stevens
2744 U.S. 1 SOUTH
ST. AUGUSTINE, FLA. 32086

7. Name and Address of New Registered Agent

Name Ted Lawrence Williams

Street Address (P.O. Box Number is Not Acceptable) Without Prejudice, C/O 9140 GOLFSIDE DRIVE #11-N

City JACKSONVILLE FLA. Zip Code [32256]

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 Without Prejudice, [signature], Ted Lawrence Williams 11-05-01

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER DENNIS SPICER 8620 NATURES HOLLOW WAY JACKSONVILLE, FLA 32217 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Ted Lawrence Williams c/o 9140 GOLFSIDE DRIVE Without Prejudice, JACKSONVILLE, FLORIDA [32256] ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004685258--0 -11/16/01--01051--018 ****150.00 ****150.00
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
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

CR2E083 (11/00)

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: Without Prejudice, [signature] Ted Lawrence Williams 11-05-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #