2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wi

SIGNATURE:

Feb 12, 2002 8:00 am P00000029741 DOCUMENT # **Secretary of State** 1. Entity Name 02-12-2002 90096 043 ***150 00 FIRST SECURITY INVESTMENTS OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 3340-A BEE RIDGE RD. 3340-A BEE RIDGE RD. SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0994287 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After Nay 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Addition TITLE ☐ Delete TITLE NAME KELLER, JONATHAN D NAME CR2E034 **5224 SIESTA COVE DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34242 ☐ Addition TITLE VD ☐ Delete TITLE NAME NAME KELLER, JOANNA D STREET ADDRESS STREET ADDRESS **5224 SIESTA COVE DRIVE** CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete TITLE TITLE NAME NAME PEKAS, SUSAN J STREET ADDRESS **5224 SIESTA COVE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 TITLE ☐ Delete TITLE TD NAME NAME PEKAS, DANA J STREET ADDRESS STREET ADDRESS **5224 SIESTA COVE DRIVE** CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Datete TITLE Addition TITLE KELLEY, DIANA NAME NAME STREET ADDRESS 3340-A BEE RIDGE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

other like empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #