

2001 UNIFORM BU. INE. & REPORT (L R)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91239 037 ***150.00

A0064014

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000043250		1. Entity Name FIRST PRIORITY FINANCIAL, INC.	
Principal Place of Business 512 Logwood Briar Court Tampa, FL. 33618		Mailing Address 512 Logwood Briar Court Tampa, FL. 33618	
2. Principal Place of Business 2400 West Cypress Creek Rd. Suite, Apt. #, etc. Suite 100 City & State Ft. Lauderdale, FL. Zip 33309 Country US		3. Mailing Address 2400 West Cypress Creek Rd. Suite, Apt. #, etc. Suite 100 City & State Ft. Lauderdale, FL. Zip 33309 Country US	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent Spiegel & Utrera, P. A. 343 Almeria Avenue Coral Gables, FL. 33134		7. Name and Address of New Registered Agent Name: Thomas Morgan Street Address (P.O. Box Number is Not Acceptable) 2400 West Cypress Creek Road, Suite 100 City: Ft. Lauderdale, FL. FL Zip Code: 33309	
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 Thomas Morgan Thomas Morgan Signature, typed or printed name of registered agent and title if applicable.		DATE 4-23-01 (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒		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 NAME STREET ADDRESS CITY- ST- ZIP	PSTD Thomas Morgan ☐ Delete 512 Logwood Briar Court Tampa, FL. 33618	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD Thomas Morgan ☒ Change ☐ Addition 2400 West Cypress Creek Road, Suite 100 Ft. Lauderdale, FL. 33309
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
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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)(f), 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 807, 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: Thomas Morgan Thomas Morgan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-23-01 813-789-3213 Phone Number	

CR2034 (11/00)