**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000047804  1. Entity Name  FMB FINANCIAL SERVICES, INC.				Feb 26, 2001 8:00 an Secretary of State 01-30-2001 90166 010 ***150.00		
		Mailing Address  200 E. WASHINGTON ST  MONTICELLO FL 32345-196	2			
2. Principal F	Place of Business	3. Mailing Address POBOX 34				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<u> </u>	W TON OD	RITE IN THIS SPACE	
City & Stat	te	City & State		4. FEI Number	<del>- 1</del>	oplied For
<sup>Zip</sup> う2344 .	- 1952 Country	32345-0340	Country , US	5. Certificate of Status Desire	¢9.75	ditional
IGLE 1501	6. Name and Address of Curren ER & DOUGHERTY, P.A. 1 PARK AVE E LAHASSEE FL 32301	Registered Agent	Name G Street Address	7. Name and Address of Ne ATU W. Tia U. (P.O. Bod Nurrhber is No. Accept (P.O. Bod Nurrhber is No. Accept Washing Ou		
			ciMoud	ficello	FL 3334	<b>्ध</b>
9. This corpo	Signature, typed or brinted name of registered ager oration is eligible to satisfy its Intangible fequirement and elects to do so.	FILE NOW After MAY 1, 20	E Registered Agent allocate requirements of SI Fee will be \$550.00 bie to Department of SI	10. Election Campaign	2-16-01	00 May Be
11.	OFFICERS AND		12.	. ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CARRAWAY, F.W. JR 2626 MAHAN DR TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC CARRAWAY, F. WILSON III 1313 E JACKSON ST THOMASVILLE GA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, L. GARY 200 E. WASHINGTON ST MONTICELLO FL 32345-1952 -	☐ Oaleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SIMS, R. MICHAEL 200 E. WASHINGTON ST MONTICELLO FL 32345-1952	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	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
indicated of the cor changed,	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that nowered to execute this report.	ny signature shall have the as required by Chapter 60	same legal effect as if made und	er oath; that I am an officer ame appears in Block 11 or 3 – 0/	or director Block 12 if
SIGNAT	TURE: M./h.	and Alexander	Hee. (14	inAw	850-997-29	∋વ(