

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 032 ***150.00

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DOCUMENT # P00000087371

1. Entity Name
REPUBLIC FIRST INC



Principal Place of Business
157 E. NEW ENGLAND AVENUE
SUITE 402
WINTER PARK FL 32789

Mailing Address
157 E. NEW ENGLAND AVENUE
SUITE 402
WINTER PARK FL 32789

11030118



2. Principal Place of Business

1600 E. ROBINSON ST.
Suite, Apt. #, etc.
400

3. Mailing Address

1600 E. ROBINSON ST.
Suite, Apt. #, etc.
400

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FL

4. FEI Number 52-2312779

Applied For
☐ Not Applicable

Zip 32803

Country USA

Zip 32803

Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAMACHO, JOSE L
157 E NEW ENGLAND AVENUE
SUITE 402
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COMACHO, JOSE
STREET ADDRESS 157 E NEW ENGLAND AVE, STE 402
CITY-ST-ZIP WINTER PARK FL 32789

TITLE VPD ☐ Delete
NAME GUARDADO, ALFREDO
STREET ADDRESS 157 E NEW ENGLAND AVE, STE 402
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME DI PIETROPAOLO, JUIANA
STREET ADDRESS 157 E. NEW ENGLAND AVE., AVE 402
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME CRISAFI, ESTEFANO
STREET ADDRESS 157 E. NEW ENGLAND AVE., AVE 4
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME CAMACHO, JOSE
STREET ADDRESS 1600 E ROBINSON ST., SUITE 400
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VPD ☒ Change ☐ Addition
NAME GUARDADO, ALFREDO
STREET ADDRESS 1600 E. ROBINSON ST., SUITE 400
CITY-ST-ZIP ORLANDO, FL 32803

TITLE D ☒ Change ☐ Addition
NAME DI PIETROPAOLO, JULIANA
STREET ADDRESS 1600 E. ROBINSON ST., SUITE 400
CITY-ST-ZIP ORLANDO, FL 32803

TITLE D ☒ Change ☐ Addition
NAME CRISAFI, ESTEFANO
STREET ADDRESS 1600 E ROBINSON ST., SUITE 400
CITY-ST-ZIP ORLANDO, FL 32803

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

(407) 893-9882

CR2E034 (10/02)