2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000012944 DOCUMENT

1. Entity Name

FINANCIAL INSTITUTION STRATEGIES, INC.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90104 016 ***150.00

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Principal Place of Business 8591 ETHANS GLEN TERRACE JACKSONVILLE FL 32256			Mailing Address 8591 ETHANS GLEN TERRACE JACKSONVILLE FL 32256								
2. Principal	Place of Busi	ness	3. Mailing Address							818H 318H 108H	
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 59-3699614			pplied For ot Applicable	
Zip		—Country———	Zip	Count	ry	5.	Certificate of Status Desired		8.75-Ad		
6. Name and Address of Current I			Registered Agent			7. Name and Address of New Registered			Fee Required		
	o. Italiic	and Address of Current	negistered Agent		Name	7.	Name and Address of New Regis	tered A	gent		
Burke, i	FRANCIS T					(D.O. 15					
	HANS GLEN		Street Address (P.C			(P.O. E	Box Number is Not Acceptable)				
JACKSOI	WILLE FL 3	2256							,		
					City			FL	Zip Cod	е	
the obliga	itions of regist	ered agent. or printed name of registered agent a	·+>		Agent signature required		ent, or both, in the State of Florida.	DATE	minat with,	and accept	
			The time is applicable. (140)	L. negistatau		a wildin re	T	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				Election Campaign Financir Trust Fund Contribution.	ng 🗆		0 May Be to Fees	
10.		OFFICERS AND [DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND D	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RANCIS T ANS GLEN TERRACE VILLE FL 32256	☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS -GITY-ST-ZIP		USAN J ANS GLEN TERRACE VILLE FL-32256	☐ Delete		T ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	,		İ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	ADDRESS ST-ZIP			Į	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET	ADDRESS IT-ZIP		u.,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	-	☐ Delete	TITLE NAME	ADDRESS		1944,	C	☐ Change	☐ Addition	

SIGNATURE:

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR