

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091973

1. Entity Name

FLORIDA FINANCIAL SERVICES OF WEST CENTRAL FLORIDA, INC.

Principal Place of Business

13924 7TH STREET
DADE CITY FL 33525

Mailing Address

13924 7TH STREET
DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3749170

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

AUVIL, JONATHAN L ESQ.
JOHNSON, AUVIL & BROCK, P.A.
37837 MERIDIAN AVENUE, SUITE 314
DADE CITY FL 33526-2337

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, THOMAS E
STREET ADDRESS 13924 7TH STREET
CITY-ST-ZIP DADE CITY FL 33525

Delete

TITLE D
NAME ROBERTS, KEVIN T
STREET ADDRESS 13924 7TH STREET
CITY-ST-ZIP DADE CITY FL 33525

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90093 015 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Date

Daytime Phone #