

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90138 015 ***150.00

DOCUMENT # P01000114631

1. Entity Name

FIRST CHOICE REAL ESTATE SERVICES, INC.



Principal Place of Business

RT. 4 BOX 3640

LAKE BUTLER FL 32054

Mailing Address

~~RT. 4 BOX 3640~~

LAKE BUTLER FL 32054

PO BOX 704

10055400



2. Principal Place of Business

RT 4 BOX 3640

3. Mailing Address

P.O. BOX 704

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

LAKE BUTLER, FL.

City & State

LAKE BUTLER, FL.

4. FEI Number

59-3758528

Applied For

Not Applicable

Zip

32054

Country

USA

Zip

32054

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POORMAN, MARTHA ANNE

RT. 4 BOX 3640

LAKE BUTLER FL 32054

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

3. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MARTHA A. POORMAN ☐ Delete
NAME PO BOX 704
STREET ADDRESS LAKE BUTLER, FL. 32054
CITY-ST-ZIP

TITLE GINGER E. WEST ☐ Delete
NAME PO BOX 704
STREET ADDRESS LAKE BUTLER, FL. 32054
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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: MARTHA A. POORMAN MARTHA A. POORMAN 3/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR