2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000038195

DOCUMENT#

SIGNATURE:



2/

FILED Mar 17, 2003 8:00 am Secretary of State

02-26-2003 90171 028 ***150.00

1. Entity Nam UNITED C	e COMMUN	ITY BANKSHARE	S OF FLORIC								
Principal Place of Business 1411 EDGEWATER DR. STE 200 ORLANDO FL 32804 Mailing Address 1411 EDGEWATER DR. STE 200 ORLANDO FL 32804 ORLANDO FL 32804											
2. Principal P	race of Busin	ess	3. Mailing Address			_		31 31 		(4) 11 12 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 04-3691059		Applied For Not Applicable		
Zip Country			Zip	intry		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name	and Address of Currer	nt Registered Agen	t	Name_		7. Name and Address of New Re	gistered Ag	ent		}
		R, STE 200		Street A	Street Address (P.O. Box Number is Not Acceptable)						
ONDANOC	7 1 L 02004				City			FL	Zip Code		
8. The above the obligat	named entity tions of regist	submiss this statement ereconcert	for the purpose of o	hanging its registe	ered office or	registered	agent, or both, in the State of Flor	ida. I am fan	iliar with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if epplicable.	(NOTE: Registe	red Agent signatu	ure required wh	en reinstelling)	DATE			
Afte	EMay 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department			,		9. Election Campaign Fina Trust Fund Contribution			O May Be I to Fees	
10.			D DIRECTORS	11)		ADDITIONS/CHANGES TO OFFI				1
TITLE NAME STREET ADDRESS. CITY-ST-ZIP				NA ST	TLE IME Reet adoress TY-ST-ZIP	1411	t, James Edgewater Dr., Sto Ido. FL 32804	_] Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS			6	NA ST	TLE AME REET ADDRESS IY-ST-ZIP	P/S/I Power 1411) s, Devid G Edgewater Dr.,Ste	_] Change	X Addition	SE
CITY-ST-ZIP TITLE					RE	Orlan VC/D	do, FL 32804		Change	Addition	·
NAME				ST	ME REET ADDRESS	Hatta	way, J.M. Jaterway Place	- <u>·</u>		- *	
TITLE NAME				Delete m	TLE IME	Т	rood, FL 32750	C] Change	Addition	1
STREET ADDRESS CITY-ST-ZIP				ST.	REET ADORESS IV-ST-ZIP	1411	, Shirley Edgewater Dr. ,Ste	200			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ō	NA ST	ile Me Reet address IY-SI-ZIP	Orlan	do, FL 32804	C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NA STI	ile Ime Reet address IY+ST-ZIP			_	Change	☐ Addition	
12. I hereby of indicated of the cor-	certify that the on this repor poration or the or on an atta	e information supplied w t or supplemental report ne receiver or trustee em schment with an address	ith this filing does not is true and accurate powered to execute with all other like e	ot qualify for the exe e and that my sign this report as rem empowered.	remption State ature shall sized by Cha	ed in Secti eye the sar ofec 607, F	on 119.07(3)(i), Florida Statutes. I me legal effect as if made under or lorida Statutes; and that my name	further certify eth; that I am appears in B	that the in an officer of lock 10 or	iformation or director Block 11 if	