## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 09, 2003 8:00 am Secretary of State

4/21

04-21-2003 91148 001 \*\*\*300.00 P02000066882 DOCUMENT # 1. Entity Name FLEET FINANCIAL HOLDINGS, INC. 55039093 Mailing Address Principal Place of Business 961 PALM SPRINGS RD 961 PALM SPRINGS RD LONGWOOD FL 32779 LONGWOOD FL 32779 3. Mailing Address Principal Place of Business rront. 961 Take Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 14110979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7." Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent lowers SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLOOR **MIAMI FL 33145** City OUSMOOC 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 ed agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) ☐ Addition TITLE Delete IME TOWERS, MICHAEL F NAME NAME 761 hake Front Lane STREET ADDRESS 961 PALM SPRINGS RD STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Addition Change TITLE Delete VSD TITLE 961 Lake Front Lane NAME TOWERS, KIMBERLY W NAME STREET ADDRESS STREET ADDRESS 961 PALM SPRINGS RD CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ AddItion Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

with all other like empowered.

changed, or on an attachment with an

SIGNATURE: