FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90068 043 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118914

1. Entity Name
FIRST SOCIETY, INC.

Principal Place of Business
1600 TAFT STREET
HOLLYWOOD, FL 33020

Mailing Address
1600 TAFT STREET
HOLLYWOOD, FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
1835 E. Hallandale Beach Blvd

Suite, Apt. #, etc.
#445

City & State
Hallandale Beach, FL

Zip
33009

Country
U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3723859

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTPHIN, BRAD A
2500 E HALLANDALE BEACH BLVD.
#802
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name: Sutphin Brad A.
Street Address (P.O. Box Number is Not Acceptable): 1600 Taft Street
City: Hollywood FL Zip Code: 33020

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: [signature] 4-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW!!! FEE is $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P/D NAME: Sutphin, Brad A STREET ADDRESS: 1600 Taft Street CITY-ST-ZIP: Hollywood, FL 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: T/S NAME: Price, Michael STREET ADDRESS: 1600 Taft Street CITY-ST-ZIP: Hollywood, FL 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #