

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90013 021 ***150.00

DOCUMENT # P05000100142

1. Entity Name
FIRST UNION CORPORATION



Principal Place of Business
5121 EHRLICH ROAD
SUITE 110
TAMPA, FL 33624

Mailing Address
5121 EHRLICH ROAD
SUITE 110
TAMPA, FL 33624

40043980



2. Principal Place of Business - No P.O. Box #
5121 EHRLICH Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110B

City & State

City & State

TAMPA FL.

Zip

Country

Zip

Country

33624

USA

03262007 Chg-P CR2E034 (12/06)

4. FEI Number

20-3156365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, MICHAEL W
5121 EHRLICH ROAD
SUITE 102B
TAMPA, FL 33624

Name Rowe, Michael W.

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

5121 EHRLICH Road, Suite 102A

City Tampa

FL

Zip Code

33624

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

Michael W. Rowe

Michael W. Rowe

3/26/07

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, 2007 Fee will be \$550.00

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 PVST ☐ Delete
NAME ROWE, MICHAEL W
STREET ADDRESS 5121 EHRLICH ROAD, SUITE 102B
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 5121 EHRLICH Road, Suite 102A
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROWE, MICHAEL W
STREET ADDRESS 5121 EHRLICH ROAD, SUITE 102B
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 5121 EHRLICH Road, Suite 102A
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Michael W. Rowe

Michael W. Rowe

Date

Daytime Phone #

3/26/07 8132441520