

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000058506**

1. Entity Name

EMPLOYERS 1ST TRUST CORPORATION**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90074 040 ***150.00

0342530

Principal Place of Business 1311 N. WESTSHORE BLVD. 300 TAMPA FL 33607	Mailing Address 1311 N. WESTSHORE BLVD. 300 TAMPA FL 33607
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3200188	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****STILES, MARY A**
315 PLANT AVE.
TAMPA FL 33606

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BARRETT B	NAME	
STREET ADDRESS	315 PLANT AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLISTER III, JOHN E	NAME	
STREET ADDRESS	913 CANDLEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	
TITLE	CD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, MARY ANN	NAME	
STREET ADDRESS	315 PLANT AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all prior filings empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/00

Date

813.289.8488

Daytime Phone #

CR2E034 (10/00)