

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90097 010 ***150.00

DOCUMENT # P94000002305

1. Entity Name

FIRST FINANCIAL SERVICES OF CHARLOTTE COUNTY, IN

Principal Place of Business

**4166 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address

**P.O. BOX 381058
MURDOCK FL 33938-1058**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4166 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

Port Charlotte FL

Zip

Country

33952

Country

Charlotte4. FEI Number **65-0420750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**OAKS, DAVID K ESQ
252 W. MARION AVE.
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BENNETT, LARRY J**
STREET ADDRESS **264 ROTONDA CR.**
CITY-ST-ZIP **ROTONDA FL 33947**TITLE **DV** ☐ Delete
NAME **SMITH, BRUCE T**
STREET ADDRESS **634 W. MARION AVE.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE **DST** ☐ Delete
NAME **LEIBMAN, STEFI**
STREET ADDRESS **25188 E MARION AVE T1014**
CITY-ST-ZIP **PUNTA GORDA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☒ Change ☐ Addition
NAME **SMITH, BRUCE T.**
STREET ADDRESS **4166 TAMiami TR.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**TITLE **DST** ☒ Change ☐ Addition
NAME **STEFI LEIBMAN**
STREET ADDRESS **1080 BAL HARBOR #2B**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 other like empowered.

SIGNATURE: **Stefi Leibman** **STEFI LEIBMAN DST** **2/21/01** **941 6256376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)