


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90118 019 ***150.00

DOCUMENT # P94000002305	
1. Entity Name FIRST FINANCIAL SERVICES OF CHARLOTTE COUNTY, IN C.	

Principal Place of Business 4168 TAMiami TRAIL PORT CHARLOTTE FL 33952	Mailing Address 4168 TAMiami TRAIL PORT CHARLOTTE FL 33952
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2. Principal Place of Business 3745 TAMiami TRAIL Suite, Apt. #, etc.	3. Mailing Address 3745 TAMiami TRAIL Suite, Apt. #, etc.
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City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33952	Country Charlotte

4. FEI Number 65-0420750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OAKS, DAVID K ESO 252 W. MARION AVE. PUNTA GORDA FL 33950	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> Delete
NAME BENNETT, LARRY J	
STREET ADDRESS 264 ROTONDA CR.	
CITY-ST-ZIP ROTONDA FL 33947	
TITLE DV	<input type="checkbox"/> Delete
NAME SMITH, BRUCE T	
STREET ADDRESS 4168 TAMiami TR	
CITY-ST-ZIP PORT CHARLOTTE FL 33952	
TITLE DST	<input type="checkbox"/> Delete
NAME LEIBMAN, STEF	
STREET ADDRESS 1080 BAL HARBOR #2B	
CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, BRUCE T	
STREET ADDRESS 3745 TAMiami TR.	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED Larry J Bennett **1-15-03** **941 625 6376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2034 (10/02)