

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90031 024 \*\*\*150.00

**DOCUMENT # P95000023557**

1. Entity Name  
**FIRST BANKSHARES, INC.**

Principal Place of Business      Mailing Address  
 2160 HWY 434 W      2160 HWY 434 W  
 LONGWOOD FL 32779      LONGWOOD FL 32779-5003

2. Principal Place of Business      3. Mailing Address  
**369 NORTH NEW YORK AVE**      **369 NORTH NEW YORK AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**WINTER PARK, FL**      **WINTER PARK, FL**      **59-3368752**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**32789**      **ORANGE**      **32789**      **ORANGE**            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**HALL, CHARLES H**      Name **CHARLES W. HALL**  
 2160 HWY 434 W      Street Address (P.O. Box Number is Not Acceptable) **369 NORTH NEW YORK AVE**  
 LONGWOOD FL 32779      City **WINTER PARK**      FL      Zip Code **32789**

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MILLS, RUSSELL</b> <b>2160 HWY 434 W</b> <b>LONGWOOD FL 32779</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>369 NORTH NEW YORK AVE.</b> <b>WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HALL, CHARLES H</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CHARLES W. HALL</b> <b>369 NORTH NEW YORK AVE</b> <b>WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKMAN, ANDRE</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.D.</b> <b>G. GEORGEY LONGSTAFF</b> <b>369 NORTH NEW YORK AVE</b> <b>WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3D</b> <b>PATEL, PERRY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>GENE JOSEPHS</b> <b>369 NORTH NEW YORK AVE</b> <b>WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>EDWARD J. KLEIMAN</b> <b>369 NORTH NEW YORK AVE</b> <b>WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>DWANE L. WILLET</b> <b>369 NORTH NEW YORK AVE</b> <b>WINTER PARK, FL 32789</b>

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: **Charles W. Hall**      Date **4/3/02**      Daytime Phone # **407-622-5000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)