2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000072822

1. Entity Name

FIRST NATIONAL CREDIT OF LIVE OAK, INC.

Principal Place of Business

Mailing Address

120 N OHIO AVE

P.O. DRAWER

LIVE OAK FL 32060

LIVE OAK FL 32064

2. Principal Place of Business	3. Mailing Address					
·	P.O. Drawer W					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
	Live Oak, Fl					

FILED Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90129 049 ***150.00

612252



DO NOT WRITE IN THIS SPACE

	ŀ								
е	City & State Live Oak. Fl			4. FEI Numb	er 59-33405 0)2	Α	pplied For	
							N	ot Applicable	
Country	Zip Count		y •	5. Certificate				3.75 Additional e Required	
6. Name and Address of Current				7. Name and	Address of New	Registered /	Agent		
CRAPPS, JAMES M P.O. DRAWER WEST LIVE OAK FL 32064			Name James M. Crapps Street Address (P.O. Box Number is Not Acceptable) 209 11th Street						
			City. Live Oak	ζ,		FL	Zip Coo 3206	de 50	
named entity submits this statement fo	r the purpose of changing its	registere			th, in the State of F	Florida.		-	
Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signature require	d 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 Sta				t e Tru	ust Fund Contribut	ion.	Ädde)0 May Be d to Fees	
	DIRECTORS	12.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11	
CRAPPS, JAMES M PO DŘAWER W N/A LIVE OAK FL 32060	☐ Delete						☐ Change	Addition	
VS FLETCHER, MARSHA D 9297 127TH LANE LIVE OAK FL	☐ Delete		T ADDRESS				☐ Change	☐ Addition	
	☐ Delete		T ADDRESS				Change	Addition	
	☐ Delete		T ADDRESS				☐ Change	Addition	
	☐ Delete		T AODRESS				☐ Change	Addition	
	☐ Delete		T ADDRESS				☐ Change	☐ Addition	
	Country 6. Name and Address of Current PS; JAMES M DRAWER WEST DAK FL 32064 named entity submits this statement for signature, typed or printed name of registered agent aration is eligible to satisfy its Intangible equirement and elects to do so, ia on back) OFFICERS AND DP CRAPPS, JAMES M PO DRAWER W N/A LIVE OAK FL 32060 VS FLETCHER, MARSHA D 9297 127TH LANE LIVE OAK FL	Country Country Zip 32064 6. Name and Address of Current Registered Agent PS, JAMES M DRAWER WEST DAK FL 32064 Animal and entity submits this statement for the purpose of changing its Signature, typed or printed name of registered agent and title if applicable. (NOTI reation is eligible to satisfy its Intangible equirement and elects to do so. Idia on back) OFFICERS AND DIRECTORS DP CRAPPS, JAMES M PO DRAWER W N/A LIVE OAK FL 32060 VS FLETCHER, MARSHA D 9297 127TH LANE LIVE OAK FL Delete	Country Zip 32064 6. Name and Address of Current Registered Agent PS; JAMES M PRAWER WEST DAK FL 32064 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND DIRECTORS DP CRAPPS, JAMES M PO DRAWER W N/A LIVE OAK FL 32060 VS FLETCHER, MARSHA D 9297 127TH LANE LIVE OAK FL Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- DELETCHER	Country Zip 32064 6. Name and Address of Current Registered Agent PS; JAMES M DRAWER WEST DAK FL 32064 Inamed entity submits this statement for the purpose of changing its registered office or register ration is eligible to satisfy its Intangible equirement and elects to do so. Ia on back) OFFICERS AND DIRECTORS DP CRAPPS, JAMES M PO DRAWER W N/A LIVE OAK FL 32060 VS Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	Country Sip	Country Country Zip Country 32,064 U.S. S. Certificate of Status Desired 32,064 U.S. S. Certificate of Status Desired Same and Address of Current Registered Agent T. Name and Address of New PS; JAMES M DRAWER WEST DAK FL 32064 City Oak, The statement for the purpose of changing its registered office or registered agent, or both, in the State of F City Oak, City O	Country Zip 32064 Country U.S. S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered PS; JAMES M Street Name Name James M Crapps Street Address (P.O. Box humber is Not Acceptable) PS; JAMES M Street Name James M Crapps Street Address (P.O. Box humber is Not Acceptable) FL Name James M Crapps Street Name James M Crapps James M Crapps James M Crapps James M Crapps James M James M	Live Oak F Country 32064 Country 32064 Country 32064 Country S. Certificate of Status Desired \$8.75 at Fee Require S. Country S. Certificate of Status Desired \$8.75 at Fee Require S. Country S. Certificate of Status Desired \$8.75 at Fee Require S. Country S. Certificate of Status Desired \$8.75 at Fee Require S. Country S. Certificate of Status Desired \$8.75 at Fee Require S. Country S. Certificate of Status Desired \$8.75 at Fee Require S. Country S. Certificate of Status Desired S. Certificate of Status Desired	

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

I'IZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha D. Fletcher

<u>1/10</u>/01

904-362-6099

Daytime Pho

Davtime Phone #