

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041269

1. Entity Name

FIRSTTRUST FINANCIAL CONSULTANTS, INC.
GROUP

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90444 023 ***150.00

Principal Place of Business

1220 DOUGLAS AVE.
STE 101-A
LONGWOOD FL 32779
US

Mailing Address

1220 DOUGLAS AVE.
STE 101A
LONGWOOD FL 32779
US

C0062898



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1936 Boothe Circle
Suite, Apt. #, etc.

3. Mailing Address

1936 Boothe Circle
Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

59-3418247

Applied For

Not Applicable

Zip

32750

Country

US

Zip

32750

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRK, EDWIN V.
1220 DOUGLAS AVE.
STE 101-A
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Kirk, Edwin V.
Street Address (P.O. Box Number is Not Acceptable)
1936 Boothe Circle

City

LONGWOOD

FL

Zip Code

32750

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	D	<input type="checkbox"/> Delete
NAME	KIRK, EDWIN V	
STREET ADDRESS	1220 DOUGLAS AVE STE 101A	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, EDWIN V	
STREET ADDRESS	1936 Boothe Circle	
CITY-ST-ZIP	LONGWOOD, FLORIDA 32750	
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		
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		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN V. KIRK

Date

04/27/01

Daytime Phone #

407

788-3355

CR2E034 (10/00)