

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90444 022 ***150.00

DOCUMENT # P96000041275

1. Entity Name

FIRSTTRUST FINANCIAL CENTERS, INC.

Principal Place of Business

Mailing Address

1220 DOUGLAS AVE
STE 101A
LONGWOOD FL 32779
US

1220 DOUGLAS AVE
STE 101A
LONGWOOD FL 32714
US

2. Principal Place of Business

1936 Boothe Circle

3. Mailing Address

1936 Boothe Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32750

Country

US

Zip

32750

Country

US

4. FEI Number

59-3426455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

EDWIN V. KIRK

04/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KIRK, EDWIN V
STREET ADDRESS 1220 DOUGLAS AVE STE 101A
CITY-ST-ZIP LONGWOOD FL 32779

TITLE P ☒ Change ☐ Addition
NAME KIRK, EDWIN V
STREET ADDRESS 1936 Boothe Circle
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN V. KIRK

04/27/01

Date

407
788-3355

Daytime Phone #

CR2E034 (10/00)