2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000046357** Aug 08, 2000 8:00 am Secretary of State FTB FINANCIAL SERVICES, INC. 08-08-2000 90014 039 ***550.00 Principal Place of Business Mailing Address 1211 ORANGE AVE. 1211 ORANGE AVE. WINTER PARK FL 32789-4942 WINTER PARK FL 32789-4942 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3403709 Not Applicable ~Zip -- Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGLER & DOUGHERTY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 PARK AVE. EAST TALLAHASSEE FL 32301 Zip Code City FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its totangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE ☐ Delete SUSKIEWICH, JAMES V NAME NAME STREET ADDRESS STREET ADDRESS 1211 ORANGE AVE. CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32789-4942** Addition Change ☐ Delete TITI F NAME BRODNAX, JENNIFER NAME STREET ADDRESS 1211 ORANGE AVE: STREET ADDRESS CITY-ST-ZIP---CITY-ST-ZIP= WINTER PARK FL 32789-4942 TITLE Change ■ Addition TITI F ☐ Delete NAME WRIGHT, AUBREY ~ NAME STREET ADDRESS 1211 ORANGE AVE. STREET ADDRESS CITY-ST-719 CITY-ST-ZIP **WINTER PARK FL 32789-4942** Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SUSKIEWICH

407-645-1201