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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-29-2001 90003 026 ***550.00

DOCUMENT # P96000046357

1. Entity Name:

FTB FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

1211 ORANGE AVE.

1211 ORANGE AVE.

WINTER PARK FL 32789-4942

WINTER PARK FL 32789-4942

312 W. 1st Street**312 W. 1st Street****Sanford FL 32771****Sanford FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3403709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGLER & DOUGHERTY, P.A.
1501 PARK AVE. EAST
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NO)

Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUSKIEWICH, JAMES V	
STREET ADDRESS	1211 ORANGE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789-4942	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BRODNAX, JENNIFER	
STREET ADDRESS	1211 ORANGE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789-4942	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, AUBREY	
STREET ADDRESS	1211 ORANGE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789-4942	
TITLE	D	<input type="checkbox"/> Delete
NAME	Stephen C. Green	
STREET ADDRESS	312 W. 1st St	
CITY-ST-ZIP	Sanford, FL 32771	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (10/00)