2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085733

Country

1020 EAST JOHN SIMS PARKWAY

POWELL, JAMES W

NICEVILLE FL 32578

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Zip

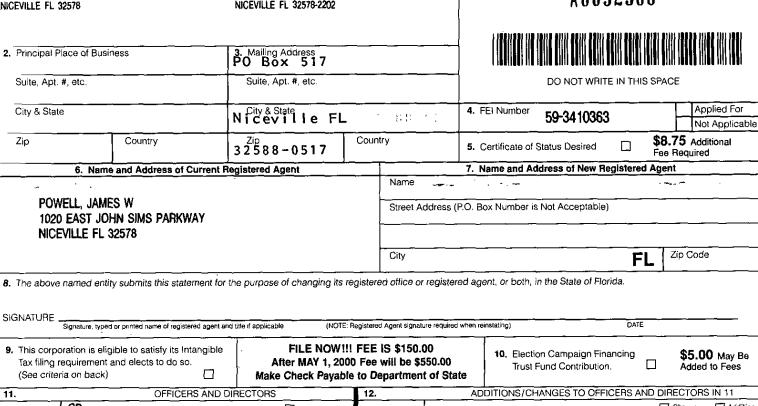
1. Entity Name				
FINANCIAL SERVICES OF N.	W. FLORIDA, INC.			
·				
Principal Place of Business	- Mailing Address			
1020 EAST JOHN SIMS PARKWAY NICEVILLE FL 32578	1020 EAST JOHN SIMS PARKWAY NICEVILLE FL 32578-2202			
2. Principal Place of Business	3. Mailing Address PO Box 517			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	Niceville FL 888 / 1			

3 2 5 8 8 - 0 5 1 7

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90141 024 ***150.00

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Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. if a on back)	After MAY 1, 2000	FEE IS \$150.00 Fee will be \$550.00 to Department of State	Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees
11.	OFFICERS AND DIRECTORS		12. A	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE	CD	☐ Delete	TITLE		☐ Change	Addition (
NAME	Dye, Deborah P		NAME .			Į
STREET ADDRESS	2824 EDGEWATER DRIVE	I	STREET ADDRESS			ſ
CITY-ST-ZIP	NICEVILLE FL		CITY-ST-ZIP	<u> </u>		
TITLE	D	☐ Delete	TITLE		Change	☐ Addition (
NAME	SPENCE, WALLACE F		NAME		\	
STREET ADDRESS	1405-A BAYSHORE DRIVE	!	STREET ADDRESS			ľ
CITY-ST-ZIP	NICEVILLE FL		CITY-ST-ZIP	· · ·		
TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	POWELL, JAMES W		NAME			
STREET ADDRESS	642 SAILBOAT DRIVE	•	STREET ADDRESS	. •	~	i
CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FLOYD, MICHAEL R		NAME			
STREET ADDRESS	114 REDWOOD AVENUE	•	STREET ADDRESS			{
CITY-ST-ZIP	NICEVILLE FL		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		Change	☐ Addition
NAME .	MOORE, EUGENE		NAME			
STREET ADDRESS	8 PANDORA DRIVE	I	STREET ADDRESS			}
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	POWELL, THOMAS J JR		NAME			
STREET ADDRESS	620 NELSON POINT ROAD	1	STREET ADORESS			{
CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP			

Country

Name

City

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

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/24/00

(850) 678-3110

Daytime Phone #