

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0106242 AV

DOCUMENT # P97000108982

1. Entity Name
FLORIDA FINANCIAL SERVICES & TRUST ADMINISTRATIO
N, INC



FILED

03 NOV 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1416 S.W. 48TH TERRACE
CAPE CORAL FL 33914-8905

Mailing Address
1416 S.W. 48TH TERRACE
CAPE CORAL FL 33914-8905

2. Principal Place of Business
12852 DRESDEN COURT

3. Mailing Address
12852 DRESDEN COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0802488

Applied For
Not Applicable

Zip 33912 Country U.S.A.

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

6. Name and Address of Current Registered Agent

FLESNER, JEFFREY R
1416 S.W. 48TH TERRACE
CAPE CORAL FL 33914-8905

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12852 DRESDEN COURT
City FORT MYERS FL Zip Code 33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLESNER, JEFFREY R 1416 S.W. 48TH TERRACE CAPE CORAL FL 33914-8905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12852 DRESDEN COURT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600023855516 11/20/03--01072--015 **600.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600023855516 10/16/03--01050--011 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY R. FLESNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 09/02/03 Daytime Phone #

CR2E034 (4/03)