

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004607

1. Entity Name
FINANCIAL PLACEMENT SERVICES, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 027 ***550.00

Principal Place of Business

12422 BERKLEY SQUARE
TAMPA FL 33626

Mailing Address

12422 BERKLEY SQUARE
TAMPA FL 33626

2. Principal Place of Business

3750 GUNN HWY

Suite, Apt. #, etc.

2B STE

City & State

Tampa FL

Zip

33624

Country

3. Mailing Address

Same as 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3489073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, JOHN
12422 BERLEY SQ
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

JOHN MCINTOSH

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

11305 4th St E

City

TREASURE BLAND

FL

Zip Code

33706

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MCINTOSH, JOHN
12422 BERKLEY SQUARE
TAMPA FL 33626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
WILLIAMS, DOUG
12422 BERKLEY SQUARE
TAMPA FL 33626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

John McIntosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/18/00

Daytime Phone #

813-964-9390