

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90054 028 \*\*\*150.00

**DOCUMENT # P98000014045**

1. Entity Name

**FEDERAL EMPLOYEE INVESTMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

1890 S. 14TH ST.  
 150  
 FERNANDINA BEACH FL 32034

1890 S. 14TH ST.  
 150  
 FERNANDINA BEACH FL 32034

Principal Place of Business

3. Mailing Address

914 Atlantic Avenue

PO Box 687

Suite, Apt. #, etc.

Suite 2E

Suite, Apt. #, etc.

City &amp; State

FERNANDINA BEACH, FL

City &amp; State

FERNANDINA BEACH, FL

Zip

32034

Country

Nassau

Zip

32035

Country

Nassau

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, KENNETH W  
 1890 SOUTH 14TH STREET  
 FERNANDINA BEACH FL 32034

Kenneth W. McLeod  
 Street Address (P.O. Box Number is Not Acceptable)  
 914 Atlantic Avenue  
 Suite 2E  
 Amelia Island  
 FL 32034

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 date if applicable.

(NOTE: Registered Agent 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCLEOD, KENNETH W	
STREET ADDRESS	1890 S. 14TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A/c only	
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
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
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Wayne McLeod

5/10/01

9042770079

Daytime Phone #

CR2E034 (10/00)