

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90094 004 ***150.00

DOCUMENT # P98000014045

1. Entity Name
FEDERAL EMPLOYEE INVESTMENT SERVICES, INC.



Principal Place of Business

914 ATLANTIC AVE.

STE 2E

FERNANDINA BEACH FL 32034

Mailing Address

914 ATLANTIC AVE.

STE 2E

FERNANDINA BEACH FL 32034

11008747



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Kenneth Wayne McLeod

Wayne McLeod

FEBG/FEIS, Inc.

City & State

841 Prudential Drive, Suite 1500

Zip

Jacksonville, FL 32207

Country

USA

4. FEI Number

59-3499144

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, KENNETH W

914 ATLANTIC AVE.

STE 2E

FERNANDINA BEACH FL 32034

Name

Kenneth Wayne McLeod

Street Address (P.O. Box Number is not acceptable)

841 Prudential Drive

Suite 1500

City *Jacksonville*

FL

Zip Code *32207*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MCLEOD, KENNETH W**
STREET ADDRESS **1890 S. 14TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Change ☐ Addition
NAME *841 Prudential Drive*
STREET ADDRESS *Suite 1500*
CITY-ST-ZIP *Jax, FL 32207*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Kenneth Wayne McLeod Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)