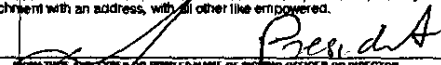


FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90134 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000042885			
1. Entity Name FIRST CHICAGO INVESTMENT CORPORATION			
Principal Place of Business 4380 N.E. 11 AVENUE FORT LAUDERDALE, FL 33334		Mailing Address P.O. BOX 14513 FT. LAUDERDALE, FL 33302	
2. Principal Place of Business 2404 N Dixie Hwy		3. Mailing Address 2404 N Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wilton Manors, FL		City & State Wilton Manors, FL	
Zip 33305	Country USA	Zip 33305	Country USA
4. FEI Number 65-0836049		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEALY, MICHAEL E SR. 4380 N.E. 11 AVENUE OAKLAND PARK, FL 33334		7. Name and Address of New Registered Agent Name ZEALY, MICHAEL E., SR. Street Address (P.O. Box Number is Not Acceptable) 2404 N Dixie Highway City Wilton Manors, FL Zip Code 33305	
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 withdrawing) DATE _____			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZEALY, MICHAEL E SR 4380 N.E. 11 AVENUE FORT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZEALY, MICHAEL E., SR. 2404 N Dixie Highway Wilton Manors, FL 33305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date: 5-7-03 954-8173016	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

90134251



☐ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)