2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000046176 **DOCUMENT #**

1. Entity Name

FIRST AMERICAN EXCHANGE CORPORATION



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90179 033 ***150.00

90005868									
☐ CHECK HERE IF MAKING CHA	ANGES								
. FE! Number 59-3516101	Applied For Not Applicable								
Certificate of Status Desired \$8.75 Additional Fee Required									
Name and Address of New Registered Agent									
Box Number is Not Acceptable)	ip Code								
gent, or both, in the State of Florida. I am familia									
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees								
DDITIONS/CHANGES TO OFFICERS AND DIRE AY, MICHAEL W CENTRE POINTE BLVD	CTORS IN 11 hange								

Principal Place of Business 1983 CENTRE POINTE BLVD STE 100 TALLAHASSEE FL 32308		Mailing Address 1983 CENTRE POINTE BLVD STE 100 TALLAHASSEE FL 32308				90005868				
2. Principal Place of Business 3. Mailing Address			Idress	· ·		1 160(100) 1	D IDIDI IBNI DENI EBNI EGI	IC BOULT BEOLD DEEDE ALD	## 1 06#6 0 ### # 02 #	
Suite, Apt. #, etc. Suite			Suite, Apt.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			``	4. FEI Number	59-3516101	 	Applied For Not Applicable
Zip		Country	Zip		Country		5. Certificate of:	Status Desired [\$8.75 A	dditional
	- 6. Name	and Address of Current	Registered Age	nt	Ţ		7. Name and Ac	Idress of New Regis		160
					Name				tored Agent	·
LAJOIE,	john t Ntre pointi	E PLVD			Street Address (P.O. Box Number is Not Acceptable)					
						 ·_		· · · · · · · · · · · · · · · · · · ·		
TALLAMA	ISSEE FL 32	308								İ
				City				FL Zip Co		
8. The above the obligation of	e named entity ations of registe	submits this statement for	the purpose of o	changing its reg	istered office o	r registered	agent, or both, in	the State of Florida.	I am familiar with	n, and accept
	-tione of region	red agent,								{
SIGMATURE		or printed name of registered agent a	nd title if explicable	ALOTE B						
we -			по ше и аррисаце.	(NOTE: Re	gistered Agent signat	ure required who	en reinstating)		DATE	
Afte	er May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00	_		и,			n Campaign Financir und Contribution.	·	00 мау Ве
	K Payable to	Florida Department of	State				, must i	ond Contribution.	□ Adde	ed to Fees
10.	100	OFFICERS AND I			11.		ADDITIONS/CH	ANGES TO OFFICERS	S AND DIRECTO	RS IN 11
TITLE	DP CONBA/AV	MOLIACI W		Delete	TITLE	D		***	Change	☐ Addition
name Street address	CONTRACT,	MICHAEL W			NAME		AY, MIC			{
CITY-ST-ZIP	TOTAL OUT E DEAD			ı	STREET ADDRESS			POINTE BI	ZAD	
TITLE	V	DEL 1 E 32300			CITY-ST-ZIP		AUNSSEE	FL 32308		
NAME	1 *	NICE T		Delete	TITLE	P			Change	☐ Addition
STREET ADDRESS	HOUFF, JANICE T ORESS 1983 CNETRE POINTE BLVD STE 100				NAME STREET ADDRESS	HOUF	F, JANI	CE T		ł
CITY-ST-ZIP TALLAHASSEE FL 32308			CITY-ST-ZIP	1983	CENTRE	POINTE BI	LVD STE	100		
TITLE	TS			Delete		TALL	AHASSEE	FL 32308		
NAME	STAMPELO	S RULYE	Ц	Derete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	2075 CENT	RE POINTE BLVD		ľ	STREET ADDRESS]
CITY-ST-ZIP	TALLAHASS	SEE FL 32308			CITY-ST-ZIP					Ì
TITLE	٧		P	Delete	TITLE				["] (6,,,,,	
NAME	LAURIE, CR	OSS	. ,	Builde	NAME				Change	Addition
STREET ADDRESS	1983 CENTI	RE POINTE BLVD STE	100	Ī	STREET ADDRESS					
CITY-ST-ZIP	TALLAHASS	EE FL 32308		1	CITY-ST-ZIP					
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ITY-ST-ZIP				1	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 of the received of histograms are entirely executed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE:

800-600-224