

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90018 031 ***158.75

DOCUMENT # **P980000 66418**

1. Entity Name

Florida state TRUST CORPORATION

DO NOT WRITE IN THIS SPACE

427269

2. Principal Place of Business

2305 PALM DRIVE

3. Mailing Address

P.O. Box 298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OViedo, FLORIDA

City & State

UMatilla, FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

Zip

32765

Country

Seminole/USA.

Zip

32784

Country

Lake/USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID JECKOVICH

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

2305 PALM DRIVE

City

OViedo

FL

Zip Code

32765

**DO NOT WRITE
IN THIS SPACE**

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

DAVID JECKOVICH (Pres)

3-16-02

Signature, typed or printed name of registered agent and title 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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*P/V/T/S
DAVID JECKOVICH
2305 PALM DR. OViedo FL 32765*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID JECKOVICH (Pres)

3-10-02 (407)366-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)