2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # P98000085315 1. Entity Name 05-06-2002 90161 046 ***150.00 **FSB SERVICE CORPORATION** Principal Place of Business Mailing Address 3233 THOMASVILLE ROAD 3233 THOMASVILLE ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3. Mailing Address 3233 Thomasville Road 2. Principal Place of Business 3233 Thomasville Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3537744 Tallahasssee, П Tallahassee. Not Applicable Zip 32308 Country Country \$8.75 Additional 32308 5. Certificate of Status Desired **USA** USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, E. MURRAY JR Street Address (P.O. Box Number is Not Acceptable) 215 SOUTH MONROE STREET SUITE 200 TALLAHASSEE FL 32301 Zip Code City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Addition STD ☐ Delete TITLE NAME DEISON, ROBERT R NAME 3233 THOMASVILLE ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312-CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete PD TITLE NAME NAME MATTICE, WILLIAM STREET ADDRESS 3233 THOMASVILLE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition ☐ Delete TITLE TITLE CD NAME MOORE, EDGAR M NAME STREET ADDRESS STREET ADDRESS 3233 THOMASVILLE ROAD CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Addition Delete TITLE AS HOBBY, LATRELLE NAME NAME 3233 THOMASVILLE RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850/385-3300

zip 32308

FILED