

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90161 046 ***150.00

DOCUMENT # P98000085315
 1. Entity Name
FSB SERVICE CORPORATION

Principal Place of Business Mailing Address
3233 THOMASVILLE ROAD **3233 THOMASVILLE ROAD**
TALLAHASSEE FL 32312 **TALLAHASSEE FL 32312**

2. Principal Place of Business 3. Mailing Address
3233 Thomasville Road **3233 Thomasville Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Tallahassee, FL **Tallahassee, FL**
 Zip Country Zip Country
32308 **USA** **32308** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MOORE, E. MURRAY JR
215 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE FL 32301

4. FEI Number **59-3537744** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	STD	<input type="checkbox"/> Delete
NAME	DEISON, ROBERT R	
STREET ADDRESS	3233 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTICE, WILLIAM	
STREET ADDRESS	3233 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MOORE, EDGAR M	
STREET ADDRESS	3233 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOBBY, LATRELLE	
STREET ADDRESS	3233 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 32308	

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date **4/17/02** Daytime Phone # **850/385-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)