The down with the street       Maing Address       03-05-2001 90131 C01 ***450.00         Princ pal Place of Busines       Maing Address       03-05-2001 90131 C01 ***450.00         2. Princ pal Place of Busines       Sum, Apt # etc.       Do NOT WRITE IN THIS SPACE         Sule, Apt # etc.       Busin, Apt # etc.       Do NOT WRITE IN THIS SPACE         City & State       County       Zip       County         Zip       County       Zip       Scate and Address of County         Sule, Apt # etc.       Do NOT WRITE IN THIS SPACE       Do NOT WRITE IN THIS SPACE         WORKS, DALE W       County       Zip County       Scate Address of North Englished for         NORKS, DALE W       Maing Address of County Registered Agent       The above harmed and youth and main and Address of North Registered Agent         WORKS, DALE W       Maing Address of County Registered Agent       The above harmed and youth and main and Address of County Registered Agent       The above harmed and youth and main and Address of County Registered Agent         WORKS, DALE W       Maing Address of Doct Number is Not Accemption       The above harmed and youth and main address to or accemption         State Address of Norther Address to or accemption of State Address	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000099141 1. Entity Name FIRST COMMUNITY BANCORP, INC.					FILED Mar 05, 2001 8:00 am Secretary of State 03-05-2001 90131 001 ***450.00		
Dis Source All Street Biological Street Place of Business       14 SUMPLIARE STREET PLACE FIL 33745755         Sum Acc. 4, etc.       Sum, Acc. 4, etc.         City & State       City & State         MORRS, DALE W       Street Address (PC. Dos Number Is Not Acceptable)         City       FL         PAHOKEE FIL 33476-1883       Note Street Address (PC. Dos Number Is Not Acceptable)         City       FL         Street Address (PC. Dos Number Is Not Acceptable)       Street Address (PC. Dos Number Is Not Acceptable)         Table operation is eligible to state is themperint for the purpose of changing its regulated reget regets regulated agent. or both, in the State of Parcia.         Stite Address (PC. Dos Number Is Not Acceptable)       City         Table operation is eligible to state is themperint of the Paylobe to Department of State       Dos Num Acceptable is net operatin in regets reget state is								
Dis SOUTH LARE STREET       104 SOUTH LARE STREET         ADDREE RL SURVISION       Disk. Appl. 4; etc.         Sule, Appl. 4; etc.       Dolle, Appl. 4; etc.         City & State       Outr. Appl. 4; etc.         MORRIS, DALE W       Street Address (P.O. Box Number (a Not Acceptable)         PAHOLEE FL 33476-1883       Outr. Market address (P.O. Box Number (a Not Acceptable)         Rotter Address (P.O. Box Number (a Not Acceptable)       FLE Address (P.O. Box Number (a Not Acceptable)         Rotter Address (P.O. Box Number (a Not Acceptable)       FLE Address (P.O. Box Number (a Not Acceptable)         Rotter Address (P.O. Box Number (a Not Acceptable)       Market Check Payable to Department of State         Not Control on the Number (a Not Acceptable)       Market Check Payable to Department of State         Not Control on the Number (a Not Acceptable)       Market Check Payable to Department of Stat	Principal Plac	e of Business	Mailing Address					
Silver, Apr. 4, etc.     Suite, Apr. 4, etc.     DO NOT WRITE IN THIS SPACE       City & Suite     City & Suite     City & Suite     Applied for       Zip     Country     Zip     Country     Scattace barles       Zip     Country     Zip     Country     Scattace barles       MORRS, DALE W     To Name and Address of Current Registered Appent     To Name and Address of New Registered Appent       MORRS, DALE W     Inter Address (F).O. Box Namber Is Not Acceptable)     FL       MORRS, DALE W     Street Address (F).O. Box Namber Is Not Acceptable)     FL       PAHOKEE FL 33476-1888     Street Address (F).O. Box Namber Is Not Acceptable)     DMT       City     FL     Zip Code     City     FL       SIGMATES     Street Address (F).O. Box Namber Is Not Acceptable)     DMT       In Backing Comparison and decises of a and the street of the purpose of changing its registered agent, or both, in the State of Parida.       SIGMATES     The Box Oppration is digible to stately its Intargible       In Backing Comparison and decises of a and the stately its Intargible of the parimeter of State     Inter MAY 1, 200 FF Fee Will to State Decise Comparison Back Check Payable to Depariment of State       In C. OPFICERS AND DURECTORS     The Mark Address (G) OPFICERS AND DURECTORS In 11       Inter Mark Address (G) Address (G) DEFECTORS In 11     Decise Comparison Back, FL 33408       Inter Mark Address (G) Address (G) DE	104 SOUTH LAKE STREET 104 SOUTH LAKE STR							
City & State         City & State         City & State         Accelerate         Accelerate           Zp         Country         Zp         Country         Scottificate of Soute Desired         \$8,75, Accelerate           MORRS, DALE W         Inter Address of Current Registered Agent         Nome         Nome and Address of New Registered Agent           MORRS, DALE W         Inter Address of Current Registered Agent         Nome         Nome         Nome           MORRS, DALE W         Inter Address of Current Registered Agent         Nome         Nome         Nome           Nome         Inter Address of New Registered Agent         Nome         Nome         Nome           Nome         Inter Address of New Registered Agent         Nome         Nome         Nome           Inter Address of New Registered Agent Address of New Registered Address of New Registered Address Address of New Registered Address Address Address of New Registere	2. Principal P	lace of Business	3. Mailing Address					
Zip       Country       Zip       Country       S. Cartificate of Status Desired       S. Status Desired       St	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Zip       Country       Zip       Country       6. Conficute of Stauk Desired       S8.75 Additional         MORRIS, DALE W       104 SOUTH LAKE STREET       7. Name*and Address of New Registered Agent       Name         MORRIS, DALE W       104 SOUTH LAKE STREET       Street Address (P.O. Box Number is Not Acceptable)       FL         PAHOKEE FL 33476-1838       Street Address (P.O. Box Number is Not Acceptable)       DUT         City       FL       Zip Code         8. The above nemod entity submts this statement for the purpose of changing its registered agent, or both, in the State of Fluid       Storet Address (P.O. Box Number is Not Acceptable)         0 FT       States fuede provement and total states the statement of state Chance Agent spatial registered agent, or both, in the State of Fluid Contribution       State Chance Agent spatial registered agent, or both, in the State of Fluid Contribution         0 FT       FLE MOWIT FEE IS S150.00       Not The State Chance Agent spatial registered agent, or both, in the State of Fluid Contribution       State Chance Agent spatial registered agent, or both, in the State of Fluid Contribution         10 The propolytic flow state flow state fluid flow state fluid fluid flow st	City & Stat	e	City & State		4. 1	FEI Number 65-0879475		<u></u>
<ul> <li>Aname and Address of Current Registered Agent             </li> <li>MoRRIS, DALE W             104 SOUTH LAKE STREET             PAHOKEE FL 33476-1888         </li> </ul> Name <ul> <li>Street Address (P.O. Box Number is Not Accessable)</li> <li>City FL 2/p Code</li> </ul> 8. The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Parida.       State Address (P.O. Box Number is Not Accessable) <ul> <li>City FL 2/p Code</li> </ul> 8. The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Parida.       State Address (P.O. Box Number is Not Accessable) <ul> <li>Mare Mark 1, 2001 Fee Will be \$550.00</li> <li>Mark Check Payable to Department of State</li> <li>The corporation is eligible to satataly its Intangible             <ul> <li>The OFFICERS AND DIPECTORS</li> <li>212</li> <li>ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS</li> <li>212</li> <li>ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS</li> <li>214</li> <li>Change States</li> <li>Stubbs, State M. Jr. Change States</li> <li>City or State</li> <li>Stubbs, State M. Jr. Change States</li> <li>City States</li> <li>Stubbs, State M. Jr. Change States</li> <li>City Street</li> <li>Stet Address Street Marks</li> <li>City Street</li> <li>Stet Address Street</li> <li>Stet Address Street</li> <li>Stet Address Street</li> <li>North Pali</li></ul></li></ul>	Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Add	litional
MORRIS, DALE W 104 SOUTH LAKE STREET PAHOKEE FL 33476-1888       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Z p Code         Street Address (P.O. Box Number is Not Acceptable)       On't         City       FL       Z p Code         Street Address (P.O. Box Number is Not Acceptable)       On't         The above named entity submits this statement for lite purpose of changing its registered agent, or both, in the State of Ponds.         Street Address (P.O. Box Number is Not Code of Code of Code of Changing its registered agent, or both, in the State of Ponds.         Street Address (P.O. Box Number is Not Code of			Registered Agent		7,-1	Name and Address of New Registered		
PAHOKEE FL 33476-1888      City     FL     Z p Code     S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ploida.      SiGNATURE     Text flip registered agent and the registered office or registered agent, or both, in the State of Ploida.      SiGNATURE     Text flip registered agent and the registered office or registered agent, or both, in the State of Ploida.      SiGNATURE     Text flip registered agent and the registered office or registered agent, or both, in the State of Ploida.      SiGNATURE     Text flip registered agent agent and the registered office or registered agent, or both, in the State of Ploidea      SiGNATURE     Text flip registered agent agent and the registered agent, or both, in the State of Ploidea      SiGNATURE     Text flip registered agent, or both, in the State of Ploidea      SiGNATURE     Text flip registered agent, or both, in the State of Ploidea      SiGNATURE     Text flip registered agent, or both, in the State of Ploidea      SiGNATURE     PC     OFFICERS AND DIPECTORS     Text     More NS, DALE W     Signer Addets     Signer Addets					ess (P.O. E	Box Number is Not Acceptable)		
						• 		
				City		FI	Zip Cod	e
SIGNATURE       Initial comportation is eligible to satisfy its intangible Tax ling requirement and elects to do so. (See orderine to back)       FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State       In. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Image and the state of th		pamod antity submits this statement for	the nurnose of changing its	registered office or re	nistered an		•	. <u></u>
ITTLE       PC       □ Date       ITTLE       D       □ Change       XEX.4ddit         MAME       MORRIS, DALE W       MAME       Stubbs, Annette M.       Stubbs, Anneterte M.       Stubbs, Annette M.       Stubbs,	Tax filing i	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	!!! FEE IS \$150.00 01 Fee will be \$550	.00 f State	10. Election Campaign Financing Trust Fund Contribution.	Addeo	to Fees
MARE     MORRIS, DALE W     NAME     Stubbos, Annette M.       STREET ADDRESS     104 S. LAKE AVE.     STREET ADDRESS     805 N. Anchorage Dr.       OTY-ST-2P     PAHOKEE FL 33476     OTY-ST-2P     North Pallm Beach, FL 33408       TILE     STEVENS, LARRY J     Delete     TILE     B05 N. Anchorage Dr.       STREET ADDRESS     STEVENS, LARRY J     NAME     805 N. Anchorage Dr.       STREET ADDRESS     STEVENS, LARRY J     NAME     805 N. Anchorage Dr.       STREET ADDRESS     OFY-ST-2P     North Pallm Peach, FL 33408       TILE     D     STEVENS, LARRY J     Offenge A. Jr.       STREET ADDRESS     OFY-ST-2P     North Pallm Peach, FL 33408       TILE     D     Objecte     North Pallm Peach, FL 33408       STREET ADDRESS     OFY-ST-2P     North Pallm Peach, FL 33408       TILE     D     Objecte     North Pallm Peach, FL 33408       TILE     D     Crews, J.W. Jr.     Offenge A. Addit       NAME     STREET ADDRESS     CITY-ST-2P     Wauchula, FL 33873       TITLE     D     Objecte     TILE     Ochange A. Addit       NAME     D     Objecte     TILE     Ochange A. Addit       NAME     D     Objecte     TILE     Ochange A. Addit       NAME     D     Objecte </td <td>11.</td> <td></td> <td></td> <td>· •</td> <td></td> <td>DDITIONS/CHANGES TO OFFICERS AN</td> <td></td> <td></td>	11.			· •		DDITIONS/CHANGES TO OFFICERS AN		
TITLE       SRVP       Delete       TITLE       D       Stubbes, Sidney A. Jr.       Change       Chadit       Change       Chadit	NAME STREET ADDRESS	MORRIS, DALE W 104 S. LAKE AVE.	Li Delete	NAME STREET ADDRESS	Stubb 805 N	. Anchorage Dr.		Addition
PARIORCE PL 33470       Inte       D       Crews, J.W. Jr.       Change       Addit         NAME       PATE, S.C.       209 S. MAIN ST.       ID6:E: Main Street       Main Street         STRET ADDRESS       209 S. MAIN ST.       ID6:E: Main Street       Main Street         CITY-ST-ZIP       BELLE GLADE FL 33430       ID6:E: Main Street       Main Street         ITTLE       D       ID6:E: Main Street       Main Street         NAME       POPE, EDWARD L JR       ID6:E: Main Street       Main E         POPE, EDWARD L JR       IDelete       ITTLE       IC1::::::::::::::::::::::::::::::::::::	NAME STREET ADDRESS	SRVP STEVENS, LARRY J 104 S. LAKE AVE.	Delete	NAME STREET ADDRESS	805 N	Anchorage Dr.		Addition
MAME       POPE, EDWARD L JR       NAME         STREET ADDRESS       PO B9X 697       STREET ADDRESS         CITY-ST-ZIP       PAHOKEE FL 33476       CITY-ST-ZIP         PAHOKEE FL 33476       Delete       ITLE         NAME       ALVAREZ, GILBERTO       Delete         NAME       STREET ADDRESS       GUTY-ST-ZIP         AUVAREZ, GILBERTO       Delete       ITLE         NAME       STREET ADDRESS       GUTY-ST-ZIP         BELLE GLADE FL 33430       CITY-ST-ZIP         TITLE       D       Delete         NAME       STREET ADDRESS       GUTY-ST-ZIP         BELLE GLADE FL 33430       CITY-ST-ZIP         TITLE       D       Delete         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       D       Delete       TITLE         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         TANAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; that i am an officer or directo o	TITLE NAME STREET ADDRESS	D PATE, S.C. 209 S. MAIN ST.	Délete	TITLE D NAME STREET ADDRESS	106 E	🛱 Máin Street	Change	Addition
NAME       ALVAREZ, GILBERTO       NAME         STREET ADDRESS       400 NE 2ND ST       STREET ADDRESS         CITY-ST-ZIP       BELLE GLADE FL 33430       CITY-ST-ZIP         TITLE       D       Delete       TITLE         NAME       MCINTOSH, H. KENNETH       Delete       TITLE         STREET ADDRESS       5122 SE NASSAU TERRACE       CITY-ST-ZIP       CITY-ST-ZIP         STREET ADDRESS       STUART FL 34997       CITY-ST-ZIP       CITY-ST-ZIP         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 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 changed, or on an attachment with an address, with all other like empowered.	Name Street address	POPE, EDWARD L JR PO B9X 697	Delete	NAME STREET ADDRESS			Change	Addition
D       Delete       TITLE       Delete       TITLE       Change       Addit         NAME       MCINTOSH, H. KENNETH       5122 SE NASSAU TERRACE       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS	NAME STREET ADDRESS	D Alvarez, gilberto 400 NE 2ND ST	Delete	NAME STREET ADDRESS			Change	Addition
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 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	d Mcintosh, H. Kenneth 5122 se nassau terrace	Delete	NAME STREET ADDRESS			Change	Addition
SIGNATURE:	indicated of the co	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that r wered to execute this report	my signature shall have as required by Chapte	e the same.	legal effect as if made under oath; that i ida Statutes; and that my name appears	am an officer in Block 11 o	or director