2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 06, 2002 8:00 am § Secretary of State **DOCUMENT #** P99000020835 1. Entity Name 03-06-2002 90017 012 ***150.00 INVESTMENTS FIRST, INC. Mailing Address Principal Place of Business 2713 EVELYN DRIVE 2713 EVELYN DRIVE APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3573449 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCLEOD, RAYMOND A Street Address (P.O. Box Number is Not Acceptable) **48 EAST MAIN STREET** APOPKA FL 32703 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 12. 11: TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME MEREDITH, LARRY STREET ADDRESS STREET ADDRESS 2713 EVELYN DRIVE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME MEREDITH, SHIRLEY ANN STREET ADDRESS STREET ADDRESS 2713 EVELYN DRIVE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 tragee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

Daytime Phone #