**2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Secretary of State 05-05-2003 91146 035 \*\*\*150.00 DOCUMENT # P99000070981 FIRST FINANCIAL ASSOCIATES, INC. 90126866 Principal Place of Business Mailing Address 1002ND AVE. SOUTH 1002ND AVE. SOUTH STF 200 S STE 200 S SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address 1200 MtL King Street 1200 M L King Street Suite, Apt. #, etc. Suite, Apt. #, etc. KI CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3594185 St. Petersburg, FL St. Petersburg, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33705 33705 Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHRS, DENIS A 2575 ULMERTON RD Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33762 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent Signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Addition 3R2E034 (10/02) TITLE ☐ Delete X Change Harris, Lau 1200\_M L King Street HARRIS, LAURIE L NAME NA ME 100 2ND AVE. SOUTH, STE 220S STREET ADDRESS STREET ADDRESS 33705 St. Petersburg, FL ST PETERSBURG, FL 33704 CITY-ST-7IP CITY-ST-7IP ☐ Delete \_XChange TITLE TITLE ☐ Addition NUSSAUM, VALARIE K NAME NAME Nussbaum, Valarie 1200 M L King Street STREET ADDRESS 100 2ND AVE S, STE 2005 STREET ADDRESS SAINT PETERSBURG, FL 33704 CITY - 5T - 7(P St. Petersburg, FL 33705 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TOLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-2P TITLE ☐ Delete TITLE ☐ Change noitibh NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CRY-S1-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if address, with all other like empowered.

May 05, 2003 8:00 am