

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90410 006 ***158.75

0424518 AV

DOCUMENT # P99000092783

1. Entity Name

SECURITY FIRST FINANCIAL SERVICES, INC.

Principal Place of Business

**1715 N. WESTSHORE BLVD., STE. 990
 TAMPA FL 33607**

Mailing Address

**1715 N. WESTSHORE BLVD., STE. 990
 TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

7360 Bryan Dairy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33777

USA

4. FEI Number

65-0968385

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREBER, ALAN S

**1715 N WESTSHORE BLVD #990
 TAMPA FL 33607**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

7360 BRYAN DAIRY RD

SUITE 200

City

LARGO

FL

Zip Code

33777

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **GREBER, ALAN S**
 CITY-ST-ZIP **10403 CARROLL COVE PL
 TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **GREBER, HOWARD M**
 CITY-ST-ZIP **7080 WEBBER RD
 SARASOTA FL 34240**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **BENGAY, JIM**
 CITY-ST-ZIP **4301 32ND STREET W #D5
 BRADENTON FL 34205**

TITLE ☒ Change ☐ Addition
 NAME **VPT**
 STREET ADDRESS **GAY, JIM**
 CITY-ST-ZIP **4855-27TH ST. W.
 BRADENTON, FL 34207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)