

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
03-05-2001 90071 043 \*\*\*150.00

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1. Entity Name  
**FIRST FINANCIAL SERVICES, INC.**

Principal Place of Business	Mailing Address
1052 MONTGOMERY RD., STE. 140 ALTAMONTE SPRINGS FL 32714	1052 MONTGOMERY RD., STE. 140 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3539975**

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

LOVELACE, JOSEPH A  
1052 MONTGOMERY RD., STE. 140  
ALTAMONTE SPRINGS FL 32714

Name \_\_\_\_\_

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

City

FL	Zip Code
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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 reinstalling)

DATE \_\_\_\_\_

1/23/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	LOVELACE, JOSEPH A	
STREET ADDRESS	1052 MONTGOMERY RD., STE. 140	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	 Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	 Delete
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	 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 type="checkbox"/> Change <input type="checkbox"/> Addition

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

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

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

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Dep

Daytime Phone #

CR2E034 (10/00)