## 2002 Uniform Business Report (UBR)

of the corporation or the receiving

## Mar 14, 2002 8:00 am DOCUMENT # P99000093835 **Secretary of State** 1. Entity Name MEMBERS 1ST FINANCIAL SERVICES, INC. 03-14-2002 90081 001 \*\*\*150.00 Principal Place of Business Mailing Address 1605-102 E. PLAZA DR. 1605-102 E. PLAZA DR. 10165000 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3636315 APPLIED FOR-Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, F. PALMER Street Address (P.O. Box Number is Not Acceptable) 2010 DELTA BLVD. TALLAHASSEE FL 32303 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 NAME CROMER, RAY E JR NAME STREET ADDRESS 1605-102 E. PLAZA DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE Ď ☐ Delete TITLE Change ☐ Addition NAME FYE, RONALD W NAME STREET ADDRESS 2330 MAHAN DR. STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MIMS, RANDALL J NAME STREET ADDRESS STREET ADDRESS 431 S. WOODWARD AVE. CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32316 TITLE \_ ☐ Delete ☐ Change ☐ Addition NAME ENFINGER, WILLIAM C STREET ADDRESS 303 E. WASHINGTON ST. STREET ADDRESS CITY-ST-ZIP CHATTAHOOCHEE FL 32324 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, RONALD S NAME STREET ADDRESS 3137 O'BRIEN DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP n ☐ Delete TITLE □ Change ☐ Addition NAME LECAIN, MARK NAME STREET ADDRESS 1400 EAST PARK AVE STREET ADDRESS TALLAHASSEE FL 32301 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

er of 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 with an address with all other like empowered.

**FILED**