

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90892 001 \*\*\*450.00

**DOCUMENT # P99000093835**

1. Entity Name  
**MEMBERS 1ST FINANCIAL SERVICES, INC.**



Principal Place of Business  
1605-102 E. PLAZA DR.  
TALLAHASSEE FL 32308

Mailing Address  
1605-102 E. PLAZA DR.  
TALLAHASSEE FL 32308

**44002790**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3636315**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMS, F. PALMER**  
**2010 DELTA BLVD.**  
**TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-28-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CROMER, RAY E JR**  
**1605-102 E. PLAZA DR.**  
**TALLAHASSEE FL 32308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**FYE, RONALD W**  
**2330 MAHAN DR.**  
**TALLAHASSEE FL 32308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MIMS, RANDALL J**  
**431 S. WOODWARD AVE.**  
**TALLAHASSEE FL 32318** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ENFINGER, WILLIAM C**  
**303 E. WASHINGTON ST.**  
**CHATTAHOOCHIE FL 32324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WILLIAMS, RONALD S**  
**3137 O'BRIEN DR.**  
**TALLAHASSEE FL 32308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LECAIN, MARK**  
**1400 EAST PARK AVE**  
**TALLAHASSEE FL 32301** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

DATE

**850-945-0350**

Daytime Phone #

*Ray M. Wright Jr.*  
*Ray M. Wright Jr.*

**EVP/COO**

**5-23-03**

**850-942-9180**

CR2E034 (10/02)