2060 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # S81700 Jan 14, 2000 8:00 am Secretary of State 1. Entity Name FIDELITY FIRST FINANCIAL CORPORATION, INC. 01-14-2000 90034 015 ***158.75 Mailing Address Principal Place of Business POST OFFICE BOX 7177 145 HORIZON CT LAKELAND FL 33807-7177 LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3080501 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, JR., CLIFFORD G Street Address (P.O. Box Number is Not Acceptable) 723 NORSOTA WAY SARASOTA FL 34242 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE LEE, CLIFFORD G. JR. NAME NAME STREET ADDRESS STREET ADDRESS 723 NORSOTA WAY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Change ☐ Addition Delete TITLE TITLE LEE. CLIFFORD G NAME 723 NORSOTA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP VICE PRESIDENT ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 34242 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.