

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90050 031 ***150.00

DOCUMENT # S81700

1. Entity Name
FIDELITY FIRST FINANCIAL CORPORATION, INC.

Principal Place of Business

**145 HORIZON CT
 LAKELAND FL 33813
 US**

Mailing Address

**POST OFFICE BOX 7177
 LAKELAND FL 33807
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

723 NORSOTA WAY
 Suite, Apt. #, etc.

3. Mailing Address

723 NORSOTA WAY
 Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3080501

Applied For

Not Applicable

Zip

34242

Country

US

Zip

34242

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LEE, JR., CLIFFORD G
 723 NORSOTA WAY
 SARASOTA FL 34242**

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.

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

TITLE **PD** ☐ Delete
 NAME **LEE, CLIFFORD G. JR.**
 STREET ADDRESS **723 NORSOTA WAY**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **S** ☐ Delete
 NAME **LEE, CLIFFORD G**
 STREET ADDRESS **723 NORSOTA WAY**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Clifford G. Lee, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02
 Date

(941) 346-5003
 Daytime Phone #

CR2E034 (9/01)