

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097984

1. Entity Name

FIDELITY UNION BROKERS, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90488 036 ***150.00

0362745

Principal Place of Business 3318 11TH AVE N ST. PETERSBURG FL 33713 US	Mailing Address 3318 11TH AVE N ST. PETERSBURG FL 33713 US
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2. Principal Place of Business 5518 Pine Circle NE Suite, Apt. #, etc.	3. Mailing Address 5518 Pine Circle NE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State St Petersburg, FL	City & State St Petersburg, FL	4. FEI Number 59-3350227	Applied For Not Applicable
Zip 33703	Country US	Zip 33703	Country US

6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTD. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent 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 <i>Debra J. Clinton</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 3-7-01
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROLIDES, DORIS 280 8TH ST. EAST SAINT PETERSBURG FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 Trinity Lane #2210 St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLINTON, DEBRA J 3318 11TH AVE NO ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5518 Pine Circle NE St Petersburg, FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Debra J. Clinton</i>	<i>Debra J. Clinton</i>	3-7-01	727 5280040
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CR2E034 (10/00)