

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 022 ***150.00

DOCUMENT # 410176

1. Entity Name
FLORIDA FOUR CO.



Principal Place of Business
**400 NW 127 AVE
#13
PLANTATION FL 33325
US**

Mailing Address
**400 NW 127 AVE
#13
PLANTATION FL 33325
US**

2. Principal Place of Business
**1040 SEMINOLE DRIVE
Suite, Apt. #, etc.
1656**

3. Mailing Address
**SAME
Suite, Apt. #, etc.**

City & State
**FT. LAUDERDALE, FL
Zip 33304 Country USA**

City & State
Zip Country

4. FEI Number **59-1417204**

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

**LENNON, H. E.
400 NW 127 AVENUE
#13
PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name **LENNON, H. E.**
Street Address (P.O. Box Number is Not Acceptable)
**1040 SEMINOLE DRIVE #1656
City FT. LAUDERDALE FL Zip Code 33304**

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]** (NOTE: Registered Agent signature required when reinstating) 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	PT	<input type="checkbox"/> Delete
NAME	LENNON, H. E.	
STREET ADDRESS	400 NW 127 AVENUE, #13	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LENNON, JANE F.	
STREET ADDRESS	400 NW 127 AVENUE, #13	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1040 SEMINOLE DRIVE #1656	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1040 SEMINOLE DRIVE #1656	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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

4/29/03 954-647-6595
Date Daytime Phone #

CR2E034 (10/02)