2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90026 029 ***150.00

DOCUMENT # 570258

1. Entity Name
P.F.F. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
8844 N. FL AVE TAMPA FL 33604 US	8844 N. FL AVE. TAMPA FL 33604 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
104 E. Fowler Ave.		104 E. Fowler Ave.	
Suite, Apt. #, etc.: Suite 201		Suite, Apt. #, etc.: Suite 201	
City & State: Tampa, Fl		City & State: Tampa, Fl	
Zip: 33612	Country:	Zip: 33612	Country:

4. FEI Number 59-1819886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERAZZO, WILLIAM
8844 N. FLORIDA AVE.
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 104 E. Fowler Ave.
Suite 201
City: Tampa, FL Zip Code: 33612

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] William Calderazzi 1/28/01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CALDERAZZO, WILLIAM 8844 N. FLORIDA AVE. TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 104 E. Fowler Ave. Suite 201 Tampa, Fl 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] William Calderazzi 1/28/01 813 933 2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #