

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

0144103 SP

**DOCUMENT # F99000000285**

1. Entity Name  
**B & F FINANCIAL & MANAGEMENT SERVICES CORP.**

09-13-2001 90017 021 \*\*\*550.00

Principal Place of Business Mailing Address  
 11717 HIGHWAY 92 EAST 11717 HIGHWAY 92 EAST  
 SEFFNER FL 33584 SEFFNER FL 33584

**A0085678**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STILLWELL, CLARK A 320 HIGHWAY 41 SOUTH INVERNESS FL 34450		Name Denise A. Lyn, P.A. Street Address (P.O. Box Number is Not Acceptable) 121 N. Apopka Ave. City Inverness FL Zip Code 34450-4237	

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 Denise A. Lyn DATE 9/6/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so: ☐ **FILE NOW!!! FEE IS \$550.00**  
 After September 12, 2001 Fee will be \$750.00  
 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	P	TITLE	
NAME	FASCHIAN, KARL	NAME	
STREET ADDRESS	13477 PROSPECT RD, STE 101A	STREET ADDRESS	
CITY-ST-ZIP	STRONGSVILLE OH	CITY-ST-ZIP	
TITLE	VST	TITLE	VICE PRESIDENT
NAME	BIAS, WETZEL	NAME	LUDMILLA FASCHIAN
STREET ADDRESS	CITRUS HILLS, 277 E. LIBERTY STREET	STREET ADDRESS	13477 PROSPECT RD STE 101A
CITY-ST-ZIP	HERNANDO FL	CITY-ST-ZIP	STRONGSVILLE OH 44149
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: KARL FASCHIAN DATE 08-30-01 DAYTIME PHONE # 440-572-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)