

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90177 001 ***750.00

DOCUMENT # G92801

1. Entity Name

FLORIDA FINANCE GROUP INC.

Principal Place of Business

1555 SEMORAN BLVD
 WINTER PARK FL 32792

Mailing Address

1555 SEMORAN BLVD
 WINTER PARK FL 32792

2. Principal Place of Business

256 LANTERNBACK DR.

3. Mailing Address

256 LANTERNBACK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SATELLITE BEACH FL.

City & State

SATELLITE BEACH FL.

Zip

32937

Country

US

Zip

32937

Country

US

4. FEI Number

59-2384510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, RONALD W
 1555 SEMORAN BLVD
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent

ERNEST, JAMES E.
 Street Address (P.O. Box Number is Not Acceptable)
 256 LANTERNBACK DR.

SATELLITE BEACH

FL

Zip Code
 32937

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 James E. Ernest JAMES E. ERNEST PRESIDENT 4/29/02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☒ Delete
 NAME FALGOUT, T J III
 STREET ADDRESS 1555 SEMORAN BLVD
 CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE V ☒ Delete
 NAME SIEBEL, DONNA L.
 STREET ADDRESS 1555 SEMORAN BLVD
 CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE S ☒ Delete
 NAME CLOVER, LILLIAN
 STREET ADDRESS 1555 SEMORAN BLVD
 CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE V ☒ Delete
 NAME ANDERSON, RONALD P
 STREET ADDRESS 1555 SEMORAN BLVD
 CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE DC ☐ Delete
 NAME ERNST, JAMES E
 STREET ADDRESS 1555 SEMORAN BLVD
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☒ Change ☐ Addition
 NAME ACP ERNST, JAMES E
 STREET ADDRESS 256 LANTERNBACK DR.
 CITY-ST-ZIP SATELLITE BEACH FL. 32937

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: Paul A. Kie LARRY L. KIE VP 4/29/02 (321) 383-4209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)