

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 692801

1. Entity Name

FLORIDA FINANCE GROUP, INC.

FILED

02 AUG 28 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600007453506--7
-08/30/02--01055--026
*****306.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5200 S. WASHINGTON AVE.

3. Mailing Address

P.O. Box 5020

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL.

City & State

WINTER PARK, FL.

4. FEI Number

59-238 4510

Applied For

Not Applicable

Zip

32780

Country

US

Zip

32793

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES E. ERNST

Street Address (P.O. Box Number is Not Acceptable)

5200 S. WASHINGTON AVE.

City

TITUSVILLE

FL

Zip Code

32780

**DO NOT WRITE
IN THIS SPACE**

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. Ernst

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-19-2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.D.
JAMES E. ERNST
P.O. Box 5020
WINTER PARK, FL. 32793

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.P.D.
LARRY D. KIEM
P.O. Box 5020
WINTER PARK, FL. 32793

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy J. Lie LARRY D. KIEM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/02 (407) 963-9886

Date

Daytime Phone #

CR2E034B (12/01)