FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90611 014 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001092

1. Entity Name
FFIR, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12 HARBOR ISLAND DRIVE		12 HARBOR ISLAND DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KEY LARGO, FL		City & State: KEY LARGO, FL	
Zip: 33037	Country:	Zip: 33037	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0900461 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: TOPERCER, WILLIAM E.
Street Address (P.O. Box Number is Not Acceptable): 12 HARBOR ISLAND DRIVE
City: KEY LARGO FL Zip Code: 33037

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 MGRM NAME TOPERCER, WILLIAM E. STREET ADDRESS 12 HARBOR ISLAND DRIVE CITY-ST-ZIP KEY LARGO, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM NAME TOPERCER, BETTY J. STREET ADDRESS 12 HARBOR ISLAND DRIVE CITY-ST-ZIP KEY LARGO, GL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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

SIGNATURE: William E. Topercer 4/2/03 305/367-4164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2W1140 2.000