

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90103 013 ***150.00

DOCUMENT # P00000083581

1. Entity Name
F.T.S. OF POINCIANA, INC.



Principal Place of Business

139 BRIARCLIFF DR.
KISSIMMEE FL 34758

Mailing Address

139 BRIARCLIFF DR.
KISSIMMEE FL 34758

2. Principal Place of Business

2264 JESSICA LANE

3. Mailing Address

2264 JESSICA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

Country

34744 ORCA

Zip

Country

34744 ORCA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3659195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYES, RICHARD

139 BRIARCLIFF DR.

KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name

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

2264 JESSICA LANE

City KISSIMMEE

FL

Zip Code

34744

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	REYES, RICHARD	
STREET ADDRESS	139 BRIARCLIFF DR.	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUNEZ, HILDA L	
STREET ADDRESS	139 BRIARCLIFF DR.	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	RICHARD REYES P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2264 JESSICA LANE	
STREET ADDRESS	KISSIMMEE, FL 34744	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	HILDA NUNEZ S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2264 JESSICA LANE	
STREET ADDRESS	KISSIMMEE, FL 34744	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X RICHARD REYES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/02 407-908-8578

CR2E034 (10/02)