

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90542 045 ***150.00

DOCUMENT # P00000103021

1. Entity Name

FLORIDA FIRST FLEET, INC.

Principal Place of Business

**900 NW 15TH AVENUE
POMPANO BEACH FL 33069**

Mailing Address

**P O BOX 934303
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

PO BOX 934303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARGATE FL

4. FEI Number

65-1051787

Applied For

Not Applicable

Zip

Country

Zip

Country

33093

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, JOHN H III

**~~8888 NW 2ND ST.~~ 8835 RAMBLEWOOD DR
CORAL SPRINGS FL 33071**

Name

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

City

FL

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	HARRIS, JOHN H III			
	8888 NW 2ND ST. 8835 RAMBLEWOOD DR			
	CORAL SPRINGS FL 33071			
	COMP			
	ASH, AGNES			
	8888 NW 2ND STREET 8835 RAMBLEWOOD DR			
	CORAL SPRINGS FL 33071			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN H HARRIS 4/22/02 (954) 575-3672

CR2E034 (9/01)