

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113577

1. Entity Name  
FIRST FLORIDA HOLDINGS, INC.

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90072 014 \*\*\*158.75

Principal Place of Business

5475 S TROPICAL TRAIL  
MERRITT ISLAND FL 32952

Mailing Address

5475 S TROPICAL TRAIL  
MERRITT ISLAND FL 32952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5475 S Tropical Trl  
Suite, Apt. #, etc.

3. Mailing Address

5475 S Tropical Trl  
Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island  
Florida

4. FEI Number

59-3686602

Applied For

Not Applicable

Zip

Country

32952 USA

Zip

Country

32952 USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

SCHILLINGER, CHARLES A ESQ  
1329 BEDFORD DR, STE 1  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 100 RIALTO PL, STE 751  
CITY-ST-ZIP MELBORNE FL 32901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)