

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90120 015 ***150.00

DOCUMENT # P01000022890

1. Entity Name

FLORIDA FAMILY DOCUMENT PREPARATION SERVICES, IN C.

Principal Place of Business

**12041-A 66TH STREET NORTH
 LARGO FL 33773**

Mailing Address

**12041-A 66TH STREET-NORTH
 LARGO FL 33773**

2. Principal Place of Business

LARGO FL 12041-A 66th ST. N.

3. Mailing Address

12041-A 66th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-3711903

Applied For

Not Applicable

Zip

Country

33773 Pinellas

Zip

Country

33773 PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROSE S

**12041-A 66TH STREET NORTH
 LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

Wilson Rose S

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

12041-A 66th ST. N.

City

Largo FL

FL

Zip Code

33773

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

Rose S Wilson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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 **President**
 STREET ADDRESS **ROSE MARIE Wilson**
 CITY-ST-ZIP **7501 Ulmerton Rd # 1826**
Largo FL 33771

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **ROSE Marie Wilson**
 CITY-ST-ZIP **12800 VONN Rd # 8752**
Largo 33774

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 727-538-5777

Date

Daytime Phone #

0403176 AV

CR2E034 (9/01)