

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90064 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031365

1. Entity Name

FIRST FLORIDA ENTERPRISES, INC.

Principal Place of Business
 11706 CYPRESS PARK STREET
 TAMPA FL 33624

Mailing Address
 11706 CYPRESS PARK STREET
 TAMPA FL 33624

16662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3711232

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAILEY, LEONA M
 11706 CYPRESS PARK STREET
 TAMPA FL 33624

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
RESIDENT	TREVOR S. BAILEY	11706 CYPRESS PARK ST	TAMPA, FL 33624				
VICE PRESIDENT	LEONA M. BAILEY	11706 CYPRESS PARK ST	TAMPA, FL 33624				
SECRETARY/TREASURER	LEONA M. BAILEY	11706 CYPRESS PARK ST	TAMPA, FL 33624				

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:

LEONA M. BAILEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02 813-963-1136

CR2E034 (9/01)