

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90192 008 \*\*\*150.00

**DOCUMENT # P01000094724**

1. Entity Name

FLORIDA UCC, INC.



Principal Place of Business

2670 EXECUTIVE CENTER CIRCLE W  
SUITE 100  
TALLAHASSEE FL 32301

Mailing Address

2670 EXECUTIVE CENTER CIRCLE W  
SUITE 100  
TALLAHASSEE FL 32301

400000100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **23-2753915**

Applied For  
Not Applicable

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

DAVIS, KRISTY  
2670 EXECUTIVE CENTER CIRCLE W E  
SUITE 100  
TALLAHASSEE FL 32301

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. 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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete  
NAME GRIFFITH, RICHARD S JR  
STREET ADDRESS 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete  
NAME MENJOR, PATRICK J  
STREET ADDRESS 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE DS ☐ Delete  
NAME EVANS, LOREE E  
STREET ADDRESS 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE TD ☐ Delete  
NAME DAVIS, KRISTINE A  
STREET ADDRESS 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete  
NAME GRIFFITH, CARRIE L  
STREET ADDRESS 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristine A Davis

4/25/07

850.222.1400

Date

Daytime Phone #