

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90209 002 ***150.00
01-08-2003 90209 001 *****8.75

DOCUMENT # P02000015336

1. Entity Name
FLORIDA CENTRAL FINANCIAL SERVICES, INC.



Principal Place of Business
223 W CYPRESS ST
KISSIMMEE FL 34741

Mailing Address
223 W CYPRESS ST
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

753004139

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARITN JR
5719 STONERIDGE CT
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name **MARTIN RODRIGUEZ JR**

Street Address (P.O. Box Number is Not Acceptable)
2908 Day Break Drive

City **Orlando**

FL

Zip Code
32825

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]* / **Martin Rodriguez JR**

1/6/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D	RODRIGUEZ, ROSA M	223 W CYPRESS ST KISSIMMEE FL 34741	<input type="checkbox"/>
	D	RODRIGUEZ, MARTIN SR	223 W CYPRESS ST KISSIMMEE FL 34741	<input type="checkbox"/>
	D	RODRIGUEZ, MARTIN JR	223 W CYPRESS ST KISSIMMEE FL 34741	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

12. 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 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

Date

Daytime Phone #

[Signature] / **MARTIN RODRIGUEZ JR** **1/6/03** **407-932-3777**

CR2E034 (10/02)