

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**55989
AV

DOCUMENT # P02000107225

1. Entity Name
IFI HOLDINGS, INC.

FILED

03 OCT 28 AM 11:18

Principal Place of Business
1212 N 39 ST STE 100
TAMPA FL 33605Mailing Address
1212 N 39 ST STE 100
TAMPA FL 33605SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

72-15310825

Applied For

Not Applicable

5. Certificate of Status (S):

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, JEFFREY M
100 N TAMPA ST, STE 2850
TAMPA FL 33602

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 fee if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

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-STATE-ZIP	D CARLINO, PETE 1212 N 39 ST STE 100 TAMPA FL 33605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	400019836304 05/23/03--(11020--003) **350.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CARLINO, TINA 1212 N 39 ST STE 100 TAMPA FL 33605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for (no 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

813.244-0203

Daytime Phone

CR2034 (10/02)

2/11/3