

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90215 001 ***572.50

DOCUMENT #

P 38142 ✓

1. Entity Name

Florida Financial Resources Corp.

Principal Place of Business

2701 Creeks Edge Lane
 Navarre Florida 32566

Mailing Address

2701 Creeks Edge Lane
 Navarre Florida 32566

2. Principal Place of Business

2701 Creeks Edge

Suite, Apt. #, etc.

3. Mailing Address

2701 Creeks Edge Lane

Suite, Apt. #, etc.

City & State

Navarre Florida

City & State

Navarre Florida

4. FEI Number

593110073

Applied For

Not Applicable

Zip

32566

Country

USA

Zip

32566

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

4830

6. Name and Address of Current Registered Agent

Kenneth R. Fountain, P.A.
 8855 Navarre Parkway
 Navarre Florida 32566

7. Name and Address of New Registered Agent

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, 2001 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: PST ☐ Delete
 NAME: Mary Rebholz
 STREET ADDRESS: 2701 Creeks Edge Lane
 CITY-ST-ZIP: Navarre Florida 32566

TITLE: VP ☐ Delete
 NAME: Mary Rebholz
 STREET ADDRESS: 2701 Creeks Edge Lane
 CITY-ST-ZIP: Navarre Florida 32566

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Mary Rebholz

Date

4/30/01

850-939-3535

Daytime Phone #

CR2E034 (11/00)