2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9200001477 1. Entity Name FLORIDA FIRST, INC.				Secretary of State 02-27-2002 90049 037 ***150.00				
Principal Place of Business 3900 S. FLORIDA AVENUE SUITE 300 LAKELAND FL 33813 US		Mailing Address 3900 S. FLORIDA AVE. SUITE 300 LAKELAND FL 33813 US						
2. Principal Place of Business		3. Mailing Address			3881 618 1811 3 61811 86114 88161 88311 81	<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Num	ber 59-3148999	⊢	oplied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current	l Registered Agent	<u> </u>	7. Name an	d Address of New Register			
			Name					
CORBETT 3900 S FI STE 300	r, r d Lorida ave	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	D FL 33813		City		F	Zip Code	e	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or b	oth, in the State of Florida.			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F			E Registered Agent signature req !!! FEE IS \$150.00 10:2 Fee will be \$550.0 ble to Department of \$	0 10. E	DAT lection Campaign Financing rust Fund Contribution.	\$5.0 Added	O May Be I to Fees	
11.	OFFICERS AND		12.	ADDITION	S/CHANGES TO OFFICERS A	ND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, R. DENNIS 1732 SIMS PLACE LAKELAND FL 33803	□ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emplor or on an attachment with an address,	s true and accurate and that r owered_to execute this report	my signature shall have to as required by Chapter of	ne same legal effe 307. Florida Statu	ect as if made under oath: tha	it I am an officer	or director 1	

SIGNATURE:

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR