

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

DOCUMENT # **P93000053093**

1. Entity Name  
**FIRST FRIDAY PROPERTIES, INC.  
4811**



**FILED**  
04 APR 15 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**9811 PRISONY AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**9811 PRISONY AVE.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**JAX, FL.**

City & State  
**JAX, FL.**

4. FEI Number  
**59-3201211**  
Applied For  
 Not Applicable

Zip  
**32208** Country

Zip  
**32208** Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Levendon Madison**  
Street Address (P.O. Box Number is Not Acceptable)  
**9811 PRISONY AVE.**  
City  
**JAX, FL** Zip Code  
**32208**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
**PRESIDENT**  
NAME  
**LEVENDON MADISON**  
STREET ADDRESS  
**9811 PRISONY AVE.**  
CITY-ST-ZIP  
**JAX, FL. 32208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800093723828  
04/23/04--01023--024 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 #

CR2E034B (12/02)