

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90112 023 ***158.75

DOCUMENT # P94000003435

1. Entity Name

F.F.S., INC.

Principal Place of Business

Mailing Address

**355 NORTH ORANGE AVENUE
ORLANDO FL 32801****355 NORTH ORANGE AVENUE
ORLANDO FL 32801-1638**

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

59-3216635

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FOX II, ROBERT L
3204 HEATH GATE COURT
ORLANDO FL 32812**

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.

President**04/19/00**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input type="checkbox"/> Delete
NAME	FOX, ROBERT L II	
STREET ADDRESS	3204 HEATHGATE COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUBATIS, ARUNAS	
STREET ADDRESS	2712 CONWAY GARDENS RD.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBATIS, ARUNAS	
STREET ADDRESS	540 CITRUS LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, -SCOTT	
STREET ADDRESS	311 SNADPIPER COURT	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**04/19/00**

Date

(407) 240-936

Daytime Phone #