

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91741 024 \*\*\*550.00

DOCUMENT # P96000012712

1. Entity Name

CENTRAL FLORIDA FEDERAL FINANCIAL SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1200 Weber Street

Suite, Apt. #, etc.

3. Mailing Address

1200 Weber Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number  
59-3363622

Applied For  
Not Applicable

Zip  
32803

Country  
USA

Zip  
32803

Country  
USA

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

Wendy S. Toscano, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1200 Weber Street

City  
Orlando,

FL

Zip Code  
32803

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) ☐

**January 1 - May 1. Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	NAME	STREET ADDRESS	CITY - ST - ZIP
	P D S T		
	Melbourne, Joseph A. Jr.	1200 Weber Street	Orlando, FL 32803
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

*Joseph A. Melbourne, Jr.*  
Joseph A. Melbourne, Jr., President

(407) 896-9411

Date

Daytime Phone #

CR2E034B (12/01)