

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90372 039 ***150.00

090451 EP

DOCUMENT # P96000024897

1. Entity Name
F.N.N., INC.



Principal Place of Business
830 NW 59 COURT
FORT LAUDERDALE FL 33309

Mailing Address
830 NW 59 COURT
FORT LAUDERDALE FL 33309

90014661



2. Principal Place of Business

830 NW 57th ST.

Suite, Apt. #, etc.

3. Mailing Address

830 NW 57th ST

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Ft. Laud FL

City & State

Ft. Laud

4. FEI Number

65-0651571

Applied For

Not Applicable

Zip

33309

Country

Zip

33309

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLIDA, FRED
1236 NE 7TH AVE
FT LAUDERDALE FL 33304

New Address - →

Name

Fred Collida

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

830 NW 57th Street

City

Ft. Lauderdale

FL

Zip Code

33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO
NAME FRED COLLIDA
STREET ADDRESS 1236 N.E. 7TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete

TITLE CEO
NAME Fred Collida
STREET ADDRESS 830 NW 57th St -
CITY-ST-ZIP Ft. Laud, FL 33309 ☐ Change ☐ Addition

TITLE P
NAME COLLIDA, NICHOLE
STREET ADDRESS 1236 N.E. 7TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete

TITLE P
NAME Nichole Collida
STREET ADDRESS 830 NW 57th ST
CITY-ST-ZIP Ft. Laud, FL 33309 ☐ 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

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 Block 11 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

Date

Daytime Phone #

01-28-03 954-497-5550

CR2E034 (10/02)