

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90170 042 ***150.00

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DOCUMENT # P96000028699

1. Entity Name
F.F. SOUTH & COMPANY, INC.



Principal Place of Business
78 W. CHURCH ST.
STE 130
ORLANDO FL 32801

Mailing Address
PO BOX 3149
~~SUITE 200~~
ORLANDO FL 32802



2. Principal Place of Business

3. Mailing Address

PO Box 3149

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

4. FEI Number 59-3408903

Applied For
Not Applicable

Zip

Country

Zip

Country

32802

USA

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

KLING, ROBERT I
4901 VINELAND ROAD, X
SUITE 300
ORLANDO FL 32811

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road

City Plantation FL Zip Code 33324

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 *Judith B. Argao*
Signature, typed or printed name of registered agent and title if applicable.

Judith B. Argao
Asst. Secretary & V. President

5/5/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D KLING, ROBERT I 78 W. CHURCH ST., STE 130 ORLANDO FL 32801	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert I Kling

5-1-03 (407) 316-8800

Date Daytime Phone #

CR2E034 (10/02)