

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90068 022 \*\*\*150.00

**DOCUMENT # P96000042944**

1. Entity Name  
**FLORIDA FILING SERVICE, INC.**

Principal Place of Business

**22 SE 11 STREET  
 FT LAUDERDALE FL 33316**

Mailing Address

**22 SE 11 STREET  
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

**2848 NE 27 ST  
 Suite, Apt. #, etc.**

3. Mailing Address

**2848 NE 27 ST  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State <b>FT. LAUDERDALE FL</b>		City & State <b>FT. LAUDERDALE FL</b>		4. FEI Number <b>65-0670151</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>33306</b>	Country <b>USA</b>	Zip <b>33306</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>DAVIS, JAMES B 100 NE 3 AVE STE 400 FT LAUDERDALE FL 33301</b>		7. Name and Address of New Registered Agent Name <b>LISA HAUGEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2848 NE 27 ST</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33306</b>	
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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 *Lisa Haugen* (NOTE: Registered Agent signature required when reinstalling) DATE 1-23-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAUGEN, LISA 22 S E 11 STREET FT LAUDERDALE FL 33316</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P S T LISA HAUGEN 2848 NE 27 Street FT. LAUDERDALE, FL 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lisa Haugen* **1-23-02** **954-494-4828**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)