

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048371

1. Entity Name
FLORIDA INVESTMENT HOLDINGS, INC.

Principal Place of Business
PO BOX 306VIEW DRIVE
BALM FL 33503

Mailing Address
PO BOX 306VIEW DRIVE
BALM FL 33503

2. Principal Place of Business
15166 Shelley Lane
Suite, Apt. #, etc.

3. Mailing Address
PO Box 306
Suite, Apt. #, etc.

City & State
BALM FL
Zip
33503
Country
USA

City & State
BALM FL
Zip
33503
Country

4. FEI Number 59-3381715
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BETTY
8512 RIVERVIEW DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name: Reginald T. Joyner
Street Address (P.O. Box Number is Not Acceptable)
15166 Shelley Lane
City BALM FL Zip Code 33503

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 Reginald T. Joyner Reginald T. Joyner DATE 9-5-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PSTD
NAME WILLIAMS, BETTY L
STREET ADDRESS 8512 RIVERVIEW DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Reginald T. Joyner
STREET ADDRESS 15166 Shelley Lane
CITY-ST-ZIP BALM, FL 33503 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Reginald T. Joyner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

813-433-8366

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90012 024 ***550.00



DO NOT WRITE IN THIS SPACE

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