

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90972 013 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089442

1. Entity Name
FEDFIRST CORP.

DO NOT WRITE IN THIS SPACE

80057518

2. Principal Place of Business
4161 NW 5 Street

3. Mailing Address
P.O. Box 407193

Suite, Apt, #, etc.

Suite, Apt, #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0881728

Applied For
Not Applicable

Zip
33317

Country
U.S.

Zip
33340

Country
U.S.

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
JAMES A. EPSTEIN

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

4161 NW 5 Street

City
Plantation

FL

Zip Code
33317

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

James A. Epstein

Signature, typed or printed named 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 **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Linder, Kent M.
4161 NW 5 Street
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Epstein, James A.
4161 NW 5 Street
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer, Director
Lawson, Michele V.
4161 NW 5 Street
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Lawson, Edward J.
4161 NW 5 Street
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Simberg, Bruce
4161 NW 5 Street
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE  **Kent M. Linder**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
Date

(954) 581-9993
Daytime Phone #

CR2E034B (12/01)