

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-08-2003 90170 041 \*\*\*150.00

**DOCUMENT # P990000086636**

**1. Entity Name**  
**F.F. SOUTH FLORIDA, INC.**



**Principal Place of Business**  
**78 W CHURCH STREET**  
**SUITE 130**  
**ORLANDO FL 32801**

**Mailing Address**  
**78 W CHURCH STREET**  
**SUITE 130**  
**ORLANDO FL 32801**

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. Box 3149**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Orlando, FL**

**4. FEI Number 59-3602173**

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**

**F & L CORP.**  
**THE GREENLEAF BLDG., 3RD FLOOR**  
**200 LAURA ST.**  
**JACKSONVILLE FL 32201-0240**

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

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 **S. 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 L**  
**78 W CHURCH STREET SUITE 130**  
**ORLANDO FL 32801**

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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☐ 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 REC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert I. Kling**

**5-1-03**  
Date

**407-316-8800**  
Daytime Phone #

CR2E034 (10/02)