

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90033 047 ***150.00

DOCUMENT # S89652

1. Entity Name
FLORIDA FINANCIAL INVESTMENTS, INC.

| | |
|--|---|
| Principal Place of Business 801 LAUREL OAK DR STE 710 NAPLES FL 34108 US | Mailing Address 801 LAUREL OAK DR STE 710 NAPLES FL 34108-2707 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0295993 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | |
|--|--|--|--|---|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| WOODWARD, MARK J., ESQ. WOODWARD, PIRES, ANDERSON, P.A. 801 LAUREL OAK DR STE 710 NAPLES FL 34108 | | | | Name | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) Woodward, Pires & Lombardo, P.A. | | | | | |
| | | | | City | | FL | | Zip Code | |

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 _____ DATE _____
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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|--|
| TITLE PD | <input type="checkbox"/> Delete | TITLE DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FERRAO, AUBREY J. | | NAME DiNardo, Anthony | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 4001 N. TAMiami TRAIL, STE. 350 | | STREET ADDRESS 3470 Club Center Blvd. | |
| CITY-ST-ZIP NAPLES FL | | CITY-ST-ZIP Naples, FL 34114 | |
| TITLE | <input type="checkbox"/> Delete | TITLE DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME Woodward, Mark J. | |
| STREET ADDRESS | | STREET ADDRESS 801 Laurel Oak Drive, Suite 710 | |
| CITY-ST-ZIP | | CITY-ST-ZIP Naples, FL 34108 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: *[Signature]* **3/23/00 (941) 732-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)