

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90126 027 \*\*\*158.75

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AV

**DOCUMENT # S89652**

1. Entity Name  
**FLORIDA FINANCIAL INVESTMENTS, INC.**



Principal Place of Business <b>3200 TAMiami TRAIL N. SUITE 200 NAPLES FL 34103 US</b>	Mailing Address <b>3200 TAMiami TRAIL N. SUITE 200 NAPLES FL 34103 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0295993</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J., ESQ.  
3200 TAMiami TRAIL N.  
SUITE 200  
NAPLES FL 34108**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FERRAO, AUBREY J.</b>	
STREET ADDRESS	<b>3470 CLUB CENTER BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>DINARDO, ANTHONY</b>	
STREET ADDRESS	<b>3470 CLUB CENTER BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>WOODWARD, MARK J</b>	
STREET ADDRESS	<b>3200 TAMiami TRAIL N., STE 200</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARISI, JOSEPH L.</b>	
STREET ADDRESS	<b>3470 Club Center Boulevard</b>	
CITY-ST-ZIP	<b>Naples, FL 34114</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 employees.

**SIGNATURE:** *Anthony DiNardo*

4/28/03 (239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**Anthony DiNardo, as Director**

CR2E034 (10/02)