

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90307 027 \*\*\*150.00

0336990 AV

DOCUMENT # V19289

1. Entity Name  
FLORIDA FORMS INC.



Principal Place of Business  
3409 N.W. 9 AVENUE  
SUITE 1102  
FT. LAUDERDALE FL 33309  
US

Mailing Address  
3409 NW 9TH AVE  
SUITE 1102  
FT. LAUDERDALE FL 33309  
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

600 W. PROSPECT RD  
Suite, Apt. #, etc.  
STE #1B

3. Mailing Address

600 W. PROSPECT RD  
Suite, Apt. #, etc.  
STE 1B

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0315825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAHILL, JAMES F  
3409 NW 9TH AVE  
SUITE 1102  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name  
CANILL, JAMES F  
Street Address (P.O. Box Number is Not Acceptable)  
600 W. PROSPECT RD  
STE #1B  
City  
FT. LAUDERDALE FL Zip Code  
33309

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

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

JAMES F. CAHILL  
(NOTE: Registered Agent signature required when reinstating)

4/25/03  
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

TITLE	PT	<input type="checkbox"/> Delete
NAME	CAHILL, JAMES F	
STREET ADDRESS	3409 N.W. 9TH AVE., STE. 1102	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOWE, DIANE	
STREET ADDRESS	1101 SE 9 TERR	
CITY-ST-ZIP	POMPANO BEACH FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9599 LAKE SEREDA DR	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1101 SE 9 TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
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		<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 empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 954-543-9337  
Date Daytime Phone #

CR2E034 (10/02)