

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29254

1. Entity Name

FORTY FIVE CORPORATION

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90018 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1705 EASY COURT  
KISSIMMEE FL 34741  
US

1705 EASY COURT  
KISSIMMEE FL 34741-2116  
US

2. Principal Place of Business  
KISSIMMEE

3. Mailing Address

Suite, Apt. #, etc.  
1705 EASY COURT

Suite, Apt. #, etc.

City & State  
KISSIMMEE, FL.

City & State

Zip  
34741

Country  
USA

Zip

Country

4. FEI Number 59-3122264

Applied For  
Not Applicable

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

~~BROWN, LESTER~~ MALFA, FLORENCE  
~~1705 EASY COURT~~ 1705 EASY COURT  
~~KISSIMMEE FL 34741~~ KISSIMMEE, FL. 34741

Name

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

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

*Florence Malfa*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD C  
MALFA, FLORENCE  
1705 EASY COURT  
KISSIMMEE FL 34741 ☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Florence Malfa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

407-846-3580

Daytime Phone #

CR2E034 (9/99)