

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90005 021 \*\*\*150.00

DOCUMENT # **✓ 29254**

1. Entity Name

**FORTY FIVE CORPORATION**

Principal Place of Business

**1705 EASY COURT  
 KISSIMMEE, FL. 34741  
 U.S.A.**

Mailing Address

**1705 EASY COURT  
 KISSIMMEE, FL. 34741  
 U.S.A.**

**00056275**

2. Principal Place of Business

**KISSIMMEE**

3. Mailing Address

**KISSIMMEE**

Suite, Apt. #, etc.

**1705 EASY COURT**

Suite, Apt. #, etc.

**1705 EASY COURT**

DO NOT WRITE IN THIS SPACE

City & State

**KISSIMMEE, FL.**

City & State

**KISSIMMEE, FL.**

4. FEI Number

**59-3122264**

Applied For

Not Applicable

Zip

**34741**

Country

**U.S.A.**

Zip

**34741**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MALFA, FLORENCE  
 1705 EASY COURT  
 KISSIMMEE, FL. 34741  
 U.S.A.**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

**MAY 3, 2001**

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, 2001 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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 no 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

**5/3/01**

Date

**407-846-3580**

Daytime Phone #

CR2E034 (11/00)