

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90094 028 ***150.00

89064023



DO NOT WRITE IN THIS SPACE

DOCUMENT # V40911

1. Entity Name

FLORIDA FUNDING SOURCE, INC.

Principal Place of Business

Mailing Address

1542 SE 12 ST
DEERFIELD BEACH FL 33441
US

1542 SE 12 ST
DEERFIELD BEACH FL 33324-7368
US

2. Principal Place of Business

3. Mailing Address

808 NW 111 AVE
Suite, Apt. #, etc.

808 NW 111 AVE
Suite, Apt. #, etc.

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

33328 US

Zip

Country

33328 US

4. FEI Number

65-0338413

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

SANZONE, STEVE
1542 SE 12 ST
DEERFIELD BEACH FL 33441

Name STEVEN SANZONE

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

808 NW 111 AVE

City Plantation

FL

Zip Code

33328

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)

DATE

4/10/00

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 PVTs
NAME SANZONE, STEVE ☐ Delete
STREET ADDRESS 1542 SE 12 ST
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE PVTs
NAME STEVEN SANZONE ☒ Change ☐ Addition
STREET ADDRESS 808 NW 111 AVE
CITY-ST-ZIP PLANTATION FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(954) 382-4695

Daytime Phone #

CR2E034 (9/99)