

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90140 032 ***150.00

DOCUMENT # V40911

1. Entity Name
FLORIDA FUNDING SOURCE, INC.

Principal Place of Business Mailing Address
808 NW 111 AVE 808 NW 111 AVE
PLANTATION FL 33328 PLANTATION FL 33328
US US

00033769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1493 VICTORIA ISLE DRIVE 1493 VICTORIA ISLE DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WESTON FL WESTON, FL

4. FEI Number 65-0338413 Applied For
Not Applicable

Zip Country Zip Country
33327 US 33327 US

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 Name
808 NW 111 AVE **SANZONE, STEVE**
PLANTATION FL 33328 Street Address (P.O. Box Number is Not Acceptable)
1493 VICTORIA ISLE DRIVE
City **WESTON** FL Zip Code **33327**

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 *Steve Sanzone* DATE **4/5/01**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVTS	<input type="checkbox"/> Delete	TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANZONE, STEVE		NAME	SANZONE, STEVE	
STREET ADDRESS	808 NW 111 AVE		STREET ADDRESS	1493 VICTORIA ISLE DRIVE	
CITY-ST-ZIP	PLANTATION FL 33328		CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: *Steve Sanzone* DATE **4/5/01** (305) 364-4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)