

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90046 028 ****61.25

DOCUMENT # N31111

1. Entity Name

F.G.H.A., INC.

Principal Place of Business

Mailing Address

C/O ABE SCHESTOPOL
 2004 FOREST GLEN COURT
 TALLAHASSEE FL 32303
 US

P O BOX 3848
 TALLAHASSEE FL 32315
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3129194

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHESTOPOL, ABE
 2004 FOREST GLEN COURT
 TALLAHASSEE FL 32303

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)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON, JON	
STREET ADDRESS	2015 FOREST GLEN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHESTOPOL, ABE	
STREET ADDRESS	2004 FOREST GLEN CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LENCZYK, CAROLYN	
STREET ADDRESS	2016 FOREST GLEN CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANDRUM, SYLVIA	
STREET ADDRESS	2002 FOREST GLEN CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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:

Abel Schestopol
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)