

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90041 013 ****61.25

DOCUMENT # N35416

1. Entity Name

F.E.A.S.T., INC.

Principal Place of Business

**2223 NEBRASKA AVE.
 PALM HARBOR FL 34683
 US**

Mailing Address

**P.O. BOX 2154
 PALM HARBOR FL 34682
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2981961**

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

**MARTIN, WARREN G
 3350 SAND KEY DRIVE
 PALM HARBOR FL 34684**

Name **Warren G. Martin**
 Street Address (P.O. Box Number is Not Acceptable) **39820 US 19 North**
Unit 187
 City **Tarpon Springs, FL** Zip Code **34689**

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 checked="" type="checkbox"/> Delete
NAME	HICKEY, TOM	
STREET ADDRESS	2255 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN VOORST, FOREST	
STREET ADDRESS	321 ARISTOTLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADAMSKI, JOSEPHINE	
STREET ADDRESS	608 BETMORE LANE	
CITY-ST-ZIP	OZONA FL 34660	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BISHOP, NANCY	
STREET ADDRESS	907 OMAHA ST.	
CITY-ST-ZIP	PALM HARBOR FL 34693	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RINGROSE, DON	
STREET ADDRESS	2225 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEWITE, BILL	
STREET ADDRESS	36 YAWL LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren Martin	
STREET ADDRESS	39820 US 19 North, Unit 187	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Larry T.	
STREET ADDRESS	1103 Lennox Rd. West	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Voorst, Harold	
STREET ADDRESS	1763 Main St, Apt 103 A	
CITY-ST-ZIP	Dunedin, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanek, Dorothy	
STREET ADDRESS	4158 Chesterfield Circle	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kratz, James	
STREET ADDRESS	8148 Brunswick Circle	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Fred	
STREET ADDRESS	1305 Winding Willow Drive	
CITY-ST-ZIP	New Port Richey, FL 34655	

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: *Larry T. Black* 1/22/02 727-789-5275
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0066951

CR2E037 (9/01)

Attachment

Doc# N35416

726788

2002 Uniform Business Report (UBR)

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F.E.A.S.T., INC.
59-2981961

Block 10

D
Ken Martin
1127 Blackrush Drive
Tarpon Springs, FL 34689