

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0016134

DOCUMENT # N35416

1. Entity Name
F.E.A.S.T., INC.



FILED

03 OCT 14 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2223 NEBRASKA AVE. PALM HARBOR FL 34683 US	Mailing Address P.O. BOX 2154 PALM HARBOR FL 34682 US
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2. Principal Place of Business 32756 U.S. 19 N.	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PALM HARBOR FL.	City & State
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Zip 34684	Country PINELLAS	Zip	Country
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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
~~MARTIN, WARREN G
39820 US 19 NORTH
UNIT 187
TARPON SPRINGS FL 34689~~

7. Name and Address of New Registered Agent
Name **JAMES KRATZ**
Street Address (P.O. Box Number is Not Acceptable)
32756 U.S. HWY 19 NORTH
City **PALM HARBOR FL** Zip Code **34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES KRATZ** *Pro. James Kratz* DATE **9-15-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, WARREN 39820 US 19 NORTH UNIT 187 TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACK, LARRY T 1103 LENADY ROAD WEST PALM HARBOR FL 34683 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN VOORST, HAROLD 1763 MAIN STREET APT 103A DUNEDIN FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANEK, DOROTHY 4158 CHESTERFIELD CIRCLE PALM HARBOR FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KRATZ, JAMES 8148 BRUNSWICK CIRCLE PALM HARBOR FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FRED 1305 WINDING WILLOW DRIVE NEWPORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. D KRATZ, JAMES 8148 BRUNSWICK CIRCLE PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, WALTER 2380 WORLD PKWY #34 CLEARWATER, FL. 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEBBELER, KATHERINE 821 PARK CT. PALM HARBOR FL. 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023797956 10/14/03--01070--001 **236.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. **WALTER A. ANDERSON**

SIGNATURE: **WALTER A. ANDERSON** DATE: **9-1-03** DAYTIME PHONE #: **727-789-5275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)