

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90019 043 ***150.00

0452069

DOCUMENT # P98000015526

1. Entity Name
FPK, INC.

Principal Place of Business 940 SANDLEBURY COURT PORT ORANGE FL 32127	Mailing Address 940 SANDLEBURY COURT PORT ORANGE FL 32127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 418-A Fremont Avenue Suite, Apt. #, etc. Daytona Beach, FL 32114 City & State	3. Mailing Address 418 Fremont Avenue Suite, Apt. #, etc. Building A Daytona Beach, FL City & State
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4. FEI Number 59-3498900	Applied For <input type="checkbox"/> Not Applicable
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Zip Volusia	Country Volusia	Zip 32114	Country Volusia
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GALIARDO, PATRICIA
940 SANDLEBURY COURT
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name
Patricia A Florio
 Street Address (P.O. Box Number is Not Acceptable)
418-A Fremont Avenue
Daytona Beach, Florida 32114
 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 *Patricia A Florio* 1/14/01 DATE
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.
 (See criteria on back)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIA, PHILOMENA <input type="checkbox"/> Delete 3743 S. ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALIARDO, PATRICIA <input checked="" type="checkbox"/> Delete 940 SANDLEBURY COURT PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIA, KAY FRANCES <input checked="" type="checkbox"/> Delete 4040 S. WATERBRIDGE CIRCLE PORT ORANGE FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Daniel Florio 4040 So. Waterbridge Circle Port Orange, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Michael Florio 929 Sea Duck Drive Daytona Beach, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Kay Frances Florio 4040 So. Waterbridge Circle Port Orange, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Patricia A Florio 929 Sea Duck Drive Daytona Beach FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Patricia A Florio* 1/14/01 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)