

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90171 007 ***550.00

DOCUMENT # P98000068419

1. Entity Name
F. INDUSTRIES, INC.

00073435

Principal Place of Business
**7028 BRIGHTWATER DRIVE
 KEYSTONE HEIGHTS FL 32656**

Mailing Address
**7028 BRIGHTWATER DRIVE
 KEYSTONE HEIGHTS FL 32656**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
72 DUMAS STREET

3. Mailing Address
72 DUMAS STREET

City & State
St. Augustine FL

City & State
St. Augustine FL

Zip
32084

Country
USA

Zip
32084

Country
USA

4. FEI Number **59-3518096**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORT, JASON L
 7028 BRIGHTWATER DRIVE
 KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

Name
Fort, Jason L

Street Address (P.O. Box Number is Not Acceptable)
72 DUMAS STREET

City
St. Augustine FL

Zip Code
32084

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 **JASON L. FORT - PRESIDENT 6/10/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	<input type="checkbox"/> Delete
	P FORT, JASON	7028 BRIGHTWATER DR	KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P FORT, JASON	72 DUMAS STREET	St. Augustine, FL 32084	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerec.

SIGNATURE: **JASON L. FORT 6/10/01 352 215 5822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #