

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90018 027 \*\*\*150.00

**DOCUMENT # 129560**

1. Entity Name

**FIDELIS CORPORATION**

Principal Place of Business

**100 SE 2 ST  
 STE 2370  
 MIAMI FL 33131  
 US**

Mailing Address

**100 SE 2 ST  
 STE 2370  
 MIAMI FL 33131  
 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 **59-0241300**

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

**RICKARD, BARBARA A  
 199 SE 2 ST  
 STE 2370  
 MIAMI FL 33131**

Name

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

**100 SE 2 ST**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEMMINGS, ARUTHUR I	
STREET ADDRESS	2582 S E 7 COURT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PTDM	<input type="checkbox"/> Delete
NAME	RICKARD, BARBARA A	
STREET ADDRESS	100 SE 2 STREET, SUITE 2370	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARR, SAMUEL L. JR.	
STREET ADDRESS	10 MARBELLA CT HAMMOCK DUNES	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POST, THOMAS R	
STREET ADDRESS	901 NE 2 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOUGHTON, PETER E	
STREET ADDRESS	6520 SW 104 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Barbara A. Rickard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/01*

Date

*(305) 373-1386*

Daytime Phone #

CR2E034 (10/00)