

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 320497

Entity Name: F.P.I.S., INC.

FILED
Jan 14, 2003
Secretary of State

Current Principal Place of Business:

220 STORY ROAD
OCOEE, FL 347613096 US

New Principal Place of Business:

Current Mailing Address:

220 STORY ROAD
OCOEE, FL 347613096 US

New Mailing Address:

FEI Number: 59-1172680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATT, BETTY J
313 MAC ARTHUR DRIVE
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HIGGINS, LINDA
Address: 5156 CREUSOT COURT
City-St-Zip: ORLANDO, FL 32839

Title: PD () Delete
Name: PRATT, BETTY,
Address: 313 MAC ARTHUR DR
City-St-Zip: ORLANDO, FL 32839

Title: VT () Delete
Name: MIDDLETON, MICHAEL,
Address: 1000 S MILLS AVE
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: BUTLER, HAROLD,
Address: 5326 CAVE SPRING LANE
City-St-Zip: ROANOKE, VA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIDDLETON, MICHAEL

VT

01/14/2003

Electronic Signature of Signing Officer or Director

Date