Amended

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 371463

1. Entity Name

THE FON CORP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 15 AM 12:16

| Principal Place of Business | Mailing Address |
|---|---|
| 1477 OVERSEAS Highway<br>MARATHON FL. 33050 | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1477 OVERSEAS Highway | c/o A. CITRON |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>1998 OVERSEAS HWY |
| City & State<br>MARATHON FL. | City & State<br>MARATHON FL. |
| Zip<br>33050 Country<br>MONROE | Zip<br>33050 Country<br>MONROE |

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1305172
☐ 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 |
|---|---|
| FOTTA, RA<br>1477 OVERSEAS HWY<br>MARATHON FL. 33050 | Name: Joseph A. SORA c/o ABE CITRON<br>Street Address (P.O. Box Number is Not Acceptable): 1998 OVERSEAS HWY<br>City: MARATHON FL Zip Code: 33050 |

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: Joseph A. Sora 7-15-01

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>KERN MARK<br>1477 OVERSEAS HWY<br>MARATHON FL. 33050 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>ABE CITRON<br>1998 OVERSEAS HWY<br>MARATHON FL. 33050 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P<br>Joseph A. SORA<br>#13 47TH ST<br>MARATHON FL. 33050 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400004560634--6<br>-08/28/01--01095--023<br>*****61.25 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>AD |

CR2E034 (11/00)

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:** Joseph A. Sora VP 7/15/01 305 872-4061