

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 376705

1. Entity Name

FSC, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90115 010 ***150.00

Principal Place of Business

218 DATURA STREET
P.O. BOX 989
WEST PALM BEACH FL 33402

Mailing Address

218 DATURA STREET
P.O. BOX 989
WEST PALM BEACH FLA 33402-0989

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

59-1410823

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

BOVA, JOSEPH C
218 DATURA ST
WEST PALM BCH FL 33401

Name

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BOVA, JOSEPH	
STREET ADDRESS	218 DATURA STREET	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MAHONEY, BRIAN	
STREET ADDRESS	218 DATURA STREET	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SHEAROUSE, JOSEPH B JR	
STREET ADDRESS	218 DATURA STREET	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELHILOW, VINCE A	
STREET ADDRESS	218 DATURA STREET	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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
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 in 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 on an attachment with an address, with all other like empowered.

PLEASE
SIGN-->

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)