

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 388562

1. Entity Name
FSP, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90022 014 ***150.00

0325107

Principal Place of Business Mailing Address
P.O. DRAWER 3070 P.O. DRAWER 3070
PALM BEACH FL 33480 PALM BEACH FL 33480

C0007887



DO NOT WRITE IN THIS SPACE

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	59-1429575	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHESHIRE, MD M 914 N OLIVE AVE W 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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHESHIRE, MCKINLEY 914 N OLIVE AVE W.PALM BCH. FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. Brennan Cheshire PTD ☐ Change ☒ Addition 914 N. Olive Ave W. Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHESHIRE, MCKINLEY 914 N OLIVE AVE W PALM BEACH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD M Brennan Cheshire 914 N Olive Ave W. Palm Beach, FL 33401 ☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: M Brennan Cheshire 1-4-01 655-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)