## **2003 FOR PROFIT CORPORATION**

F00000002859

## **UNIFORM BUSINESS REPORT (UBR**)

**DOCUMENT #** 

FAMCO G	ROUP, INC.			04-28-20	703 <del>7</del> 01 70 01	.6 130	
Principal Place of Business ATTN: J. TUTTLE 390 BUSINESS PARK WAY. K-1 ROYAL PALM BEACH FL 33411		Mailing Address ATTN: J. TUTTLE 390 BUSINESS PARK WAY, K-1 ROYAL PALM BEACH FL 33411					
2. Principal Place of Business		3. Mailing Address		T TOO USE THE COURSE WE COUNTY OF THE COURSE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 91-20312	<u>2</u> 51	A	
Zip	Country	Zip	Country	5. Certificate of Status Desir		\$8.75 Ad Fee Require	
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of Ne	w Registered A	lgent	
	ASON JESS PARK WAY, K-1 LM BEACH FL 33411				ss (P.O. Box Number is Not Acceptable)		
s			City		FL	Zip Cod	
the obligation of the obligati	ons of registered agent.  Signature, typed or printed name of registered at  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.1	gent and title if applicable. (NC	IS registered office or reg	quired when reinstating)  9. Election Campaig Trust Fund Contrib	DATE	\$5.0	
<u> </u>	Payable to Florida Departmen						
TITLE	DPST OFFICERS A	ND DIRECTORS  Delete	11.	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR  Change	
NAME STREET ADDRESS	DPS1 TUTTLE, J. 390 BUSINESS PARK WAY, K ROYAL PALM BEACH FL 334	-1	NAME STREET ADDRESS CITY-ST-ZIP			onange	
	<del></del>						

## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90176 018 \*\*\*150.00



Applied For Not Applicable \$8.75 Additional Fee Required ed Agent--Zip Code am familiar with, and accept \$5.00 May Be Added to Fees AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE ☐ Change Addition TUTTLE, H NAME STREET ADDRESS 390 BUSINESS PARK WAY, K-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS QITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: