

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90118 006 ***150.00

0318796

DOCUMENT # G25622

1. Entity Name

FIMCO, INC.

Principal Place of Business

Mailing Address

625 CYPRESS KEY CR.
ATLANTIS FL 33462

625 CYPRESS KEY CR.
ATLANTIS FL 33462

2. Principal Place of Business

3. Mailing Address

145 ATLANTIS BLVD 145 ATLANTIS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

107

City & State

City & State

ATLANTIS, FL

ATLANTIS, FL

Zip 33462

Country PALM BEACH

Zip 33462

Country PALM BEACH

4. FEI Number

59-2292232

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

FIELDS, LESTER E
625 CYPRESS KEY CIR
ATLANTIS FL 33462

Name

SAME

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

145 ATLANTIS BLVD

#107

City

ATLANTIS

FL

Zip Code

33462

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

Lester E. Fields

4-26-01

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 V
NAME FIELDS, CHRISTIANA M.
STREET ADDRESS 625 CYPRESS KEY CIRCLE
CITY-ST-ZIP ATLANTIS FL ☐ Delete

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 145 ATLANTIS BLVD #107
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE PST
NAME FIELDS, LESTER E.
STREET ADDRESS 625 CYPRESS KEY CIRCLE
CITY-ST-ZIP ATLANTIS FL ☐ Delete

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 145 ATLANTIS BLVD #107
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Lester E. Fields

LESTER E. FIELDS

4-26-01

(56)

964-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)