

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 021 ***150.00

| |
|---------------------------------------|
| DOCUMENT # G46856 |
| 1. Entity Name F.C.B., INC. |

DO NOT WRITE IN THIS SPACE

80056880

| | |
|--|--|
| 2. Principal Place of Business F.C.B., INC. Suite, Apt. #, etc. P.O. BOX 488 City & State COCOA BEACH, FL Zip 32920 Country | 3. Mailing Address F.C.B., INC. Suite, Apt. #, etc. P.O. BOX 488 City & State COCOA BEACH, FL Zip 32920 Country |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 59-2316367 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|-----------------------------------|--|-----------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Burgett, Stacy L. | |
| | Street Address (P.O. Box Number is Not Acceptable) 1970 Michigan Ave, Bldg, C | |
| | City Cocoa Beach | FL Zip 32922 |

| | | |
|---|--|---|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|---|--|---|-----------------------------------|
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Burgett, Frederick C. JR 220 Arthur Avenue Cocoa Beach, FL 32931 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE 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 on an attachment with an address, with all other like empowered. | |
| SIGNATURE: <i>Frederick C. Burgett Jr</i> | Frederick C. Burgett, JR 321-784-1716 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |

CR2E034B (12/01)