

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90044 046 ***150.00

DOCUMENT # G71334

1. Entity Name
FCDA, INC.

Principal Place of Business
3405 WEST COLUMBUS DRIVE
SUITE B
TAMPA FL 33607
US

Mailing Address
3405 WEST COLUMBUS DRIVE
SUITE B
TAMPA FL 33607
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2107-W-CASS ST.
Suite, Apt. #, etc.
B

3. Mailing Address
2107-W-CASS ST.
Suite, Apt. #, etc.
B

City & State
TAMPA, FLA.
Zip
33606
Country
Hillsborough

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TAMPA, FLA.
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4. FEI Number 59-2559799

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COTO, FRANK
3405 WEST COLUMBUS DRIVE
SUITE B
TAMPA FL 33607

7. Name and Address of New Registered Agent
Name FRANK COTO
Street Address (P.O. Box Number is Not Acceptable)
2107-W-CASS ST.
SUITE B
City TAMPA FL Zip Code 33606

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 FRANK COTO DATE 4/26/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTO, FRANK 3405 WEST COLUMBUS DRIVE, SUITE B TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FRANK COTO 2107-W-CASS ST. #B TAMPA, FLA. 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: FRANK COTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/01 Daytime Phone # 813/251-9276

CR2E034 (10/00)