

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90324 014 ***150.00

DOCUMENT # **671334**

1. Entity Name

FEDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 W. CASS ST.

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

2101 W. CASS ST.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33606

Country

U.S.

Zip

33606

Country

U.S.

4. FEI Number

59-2559799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FRANK COTO

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

2101 W. CASS ST.

City

TAMPA

FL

33606

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FRANK COTO

(NOTE: Registered Agent signature required when reinstating)

4-16-04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
FRANK COTO FL. 33606
2101 W. CASS ST. TAMPA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DIRECTOR
FRANK COTO 33606
2101 W. CASS ST. TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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

4-16-04 813/251-9776

Date

Daytime Phone #

CR2E034B (12/02)