

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90005 039 ***150.00

DOCUMENT # 538414 1. Entity Name Fam-Co Enterprises, Inc.			
Principal Place of Business 3944 Soutel Dr. Jacksonville, FL 32208		Mailing Address SAME	
2. Principal Place of Business 3944 Soutel Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. SAME	
City & State Jacksonville, FL Zip 32208 Country Duval		City & State SAME Zip Country	
4. FEI Number 59-2895810		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Leo Dennis 3944 Soutel Dr. Jacksonville, FL 32208		7. Name and Address of New Registered Agent Name: Cissely Hightower Street Address (P.O. Box Number is Not Acceptable) 3944 Soutel Dr. City: Jacksonville FL Zip Code: 32208	
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"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 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 President <input checked="" type="checkbox"/> Delete	NAME Willie F. Dennis		
STREET ADDRESS 3111 Woodlawn Rd. Jax, FL 32209			
TITLE Byron Dennis <input type="checkbox"/> Delete	NAME 3111 Woodlawn Rd. Jacksonville, FL 32209		
STREET ADDRESS Jacksonville, FL 32209			
TITLE Darryl Thompson <input type="checkbox"/> Delete	NAME 1731 W. 5th St Jacksonville, FL 32209		
STREET ADDRESS Jacksonville, FL 32209			
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete		
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STREET ADDRESS <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Cissely Hightower
STREET ADDRESS 3944 Soutel DR Jacksonville, FL 32208	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Rhonda Silver
STREET ADDRESS 1740 Parkwood St Jacksonville, FL 32207	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/93)