

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 037 ***150.00

DOCUMENT # **J38414**

1. Entity Name

Fam-co Enterprises ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3944 Soutel Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9462

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Fla.

City & State

Jacksonville, Fla.

4. FEI Number

59-2895810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip **32209**

Country

Dual

Zip **32208**

Country

Dual

7. Name and Address of Current Registered Agent

Name **Leo Dennis**

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

1740 W. 5th St.

City

Jacksonville

FL

Zip Code

32209

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.

SIGNATURE

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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Wilene Dozier**
STREET ADDRESS **2421 Grand St - Jacksonville, Fla.**
CITY - ST - ZIP

TITLE **Director**
NAME **Darryl Thompson**
STREET ADDRESS **3105 melanie St**
CITY - ST - ZIP **Jacksonville, Fla. 32218**

TITLE **Director**
NAME **Auton C. Dennis**
STREET ADDRESS **5960 S.W. 16th St**
CITY - ST - ZIP **Plantation, Fla. 33317**

TITLE **Director**
NAME **Willie F. Dennis**
STREET ADDRESS **311 Woodlawn Rd**
CITY - ST - ZIP **Jacksonville, Fla. 32209**

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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:

Willie F. Dennis Willie F. Dennis

Date

4/29/02

Daytime Phone #

CR2E034B (12/01)