

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90065 034 ***150.00

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DOCUMENT # J69204

1. Entity Name
F & D INVESTMENTS, INC.



Principal Place of Business
**2541 HAYES ST
HOLLYWOOD FL 33020
US**

Mailing Address
**2541 HAYES ST
HOLLYWOOD FL 33020
US**



2. Principal Place of Business

2074 S.W. BRISBANE ST
Suite, Apt. #, etc.
PORT-ST-LUCIE FL.
City & State
34984 U.S.A.
Zip Country

3. Mailing Address

2074 S.W. BRISBANE ST
Suite, Apt. #, etc.
PORT-ST-LUCIE FL.
City & State
34984 U.S.A.
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2792809**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAVEL, DENIS
2541 HAYES ST
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

GRAVEL DENIS
Street Address (P.O. Box Number is Not Acceptable)
2074 S.W. BRISBANE ST.
PORT-ST-LUCIE FL. 34984
City Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

03-24-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD VALEE, FRANCOISE 2541 HAYES ST HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAVEL, DENIS 2541 HAYES ST HOLLYWOOD FL 33020	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALEE FRANCOISE 2074 S.W. BRISBANE ST. PORT-ST-LUCIE FL. 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAVEL DENIS 2074 S.W. BRISBANE ST. PORT-ST-LUCIE FL. 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denis Gravel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-03 772-343-9893
Date Daytime Phone #

CR2E034 (10/02)