

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 041 ***150.00

0033804 AV

DOCUMENT # K12400

1. Entity Name
FONDA CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business
2133 SEMINOLE ROAD
SUITE 2
ATLANTIC BEACH FL 32233
US

Mailing Address
2133 SEMINOLE ROAD
SUITE 2
ATLANTIC BEACH FL 32233
US



2. Principal Place of Business
836 Eagle Point Drive
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
St Augustine, Florida
Zip
32092 Country
USA

City & State
FL
Zip
32092 Country
USA

4. FEI Number
59-2869902

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FONDA, CHARLES M
2133 SEMINOLE ROAD
SUITE 2
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name
Charles M. Fonda
Street Address (P.O. Box Number is Not Acceptable)
836 Eagle Point Drive
City
St Augustine, Florida FL Zip Code
32092

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 **Charles M. Fonda**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	P FONDA, CHARLES M 2133 SEMINOLE RD #2 ATLANTIC BCH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FONDE, BLAIR 974 RAVINE ROAD NORTH JACKSONVILLE FL 32259	<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		<input 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)