

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90441 034 ***150.00

DOCUMENT # K16584

1. Entity Name
F.M.P. ASSOCIATES, INC.

Principal Place of Business
**6516 OAK HAMMOCK DRIVE
BRADENTON FL 34202**

Mailing Address
**6516 OAK HAMMOCK DRIVE
BRADENTON FL 34202**

2. Principal Place of Business
6868 Fairview Terrace
Suite, Apt. #, etc.

3. Mailing Address
6868 Fairview Terrace
Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number **65-0034206**

Applied For
Not Applicable

Zip
34203

Country
Manatee

Zip
34203

Country
Manatee

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUREBER, FRANK M.
6516 OAK HAMMOCK DRIVE
BRADENTON FL 34202**

Name
Street Address (P.O. Box Number is Not Acceptable)
6868 Fairview Terrace
City **Bradenton** FL Zip Code **34203**

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 **Frank M. Purebar** **Frank M. Purebar Pres. 4/3/01**
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUREBAR, FRANK M. 6516 OAK HAMMOCK DR. BRADENTON FL	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Purebar, Frank M. 6868 Fairview Terrace Bradenton, FL 34203	<input checked="" 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

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: **Frank M. Purebar** **Frank M. Purebar 4/3/01** **(941) 924-7527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)