

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K43888

1. Entity Name

FEDERAL WAREHOUSE CORPORATION #1

Principal Place of Business

% STANLEY A. RIGGS JR
P.O. BOX 3749
SARASOTA FL 34230
US

Mailing Address

% STANLEY A. RIGGS JR
P.O. BOX 3749
SARASOTA FL 34230
US

2. Principal Place of Business

3. Mailing Address

1201 TALLEVAST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

Zip

Zip

34243

Country

USA

4. FEI Number

02-0424506

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGGS, STANLEY S JR
1201 TALLEVAST RD
SARASOTA FL 34243

Name

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

City

FL 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.

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)

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 D
NAME RIGGS, STANLEY A JR
STREET ADDRESS 1201 TALLEVAST RD
CITY-ST-ZIP SARASOTA FL 34243

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Stanley Riggs 1-8-01 941-359-1100

Date

Daytime Phone #

040756

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90022 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)