

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

L0000000045149

1. Entity Name

FPS1, LLC

FILED

01 MAY -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004336889--4

-05/31/01--01094--023

*****50.00 *****50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For ☒ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Arnold, Curtis M 460 Bella Vista Court N Jupiter, FL 33477				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 substituting)

DATE

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Arnold, Curtis M	460 Bella Vista Court N.	Jupiter FL 33477				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes.

SIGNATURE

Curtis M. Arnold

4/30/2001

561-575-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, RECEIVER, OR AUTHORIZED REPRESENTATIVE

DATE

CONTACT NUMBER

CP20003 (11/00)