

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00646

1. Entity Name  
F.D.C., INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90060 038 \*\*\*150.00

Principal Place of Business  
200 S ORANGE AVE  
SUITE 1950  
ORLANDO FL 32801

Mailing Address  
200 S ORANGE AVE  
SUITE 1950  
ORLANDO FL 32801

2. Principal Place of Business  
6040 LEXINGTON PARK  
Suite, Apt. #, etc.

3. Mailing Address  
6040 LEXINGTON PARK  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO, FL  
Zip  
32819  
Country  
USA

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ORLANDO, FL  
Zip  
32819  
Country  
USA

4. FEI Number 59-2962427  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
COTON, FRED, D  
200 S. ORANGE AVENUE  
SUITE 1950  
ORLANDO FL 32801

7. Name and Address of New Registered Agent  
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 FRED D. COTON PRESIDENT [Signature] 1/5/01  
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	D COTON, FREDERICK DALE 200 S. ORANGE AVENUE, SUITE 1950 ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] FRED D. COTON 1-5-01 407-839-0027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0060071

CR2E034 (10/00)