~~2001~~ 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020307

1. Entity Name

FEDCPU LLC

FILED
02 FEB 25 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

17809 Southwick Way
Boca Raton, FL 33498

2. Principal Place of Business	3. Mailing Address
17809 Southwick Way	~~17809~~
Suite, Apt. #, etc. Boca Raton, FL	Suite, Apt. #, etc. 17809 Southwick Way
City & State	City & State Boca Raton, FL
Zip 33498 Country USA	Zip 33498 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1154552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Daniel S. Jacobs
17809 Southwick Way
Boca Raton, FL 33498

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 ____________ 12/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM / Daniel S. Jacobs / 17809 Southwick Way / Boca Raton, FL 33498 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800005021938--7 -02/26/02--01073--019 *****50.00 *****50.00
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CR2E083 (11/00)

11. 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 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 608, Florida Statutes.

SIGNATURE: ____________ 12/15/01 (203) 904-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #