


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90130 040 ****61.25

DOCUMENT # L02000015342
1. Entity Name **FST, LLC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite **101 Chardin Drive**
City & State
3. Mailing Address Suite **101 Chardin Drive**
City & State
4. FEI Number
Applied For
Not Applicable
5. Certificate of Status Desired **16-1615042** **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name **Geoffrey A. Frazier**
Street Address (P.O. Box Number is Not Acceptable)
101 Chardin Drive
City **Nokomis** **FL** Zip Code **34275**

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. I am familiar with and accept the obligations of registered agent.
Nokomis **34275**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$81.25 Initial or Amended UBR 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	C	TITLE	
NAME	Geoffrey A. Frazier	NAME	
STREET ADDRESS	101 Chardin Drive	STREET ADDRESS	
CITY-ST-ZIP	Nokomis, FL 34275	CITY-ST-ZIP	
TITLE	PC	TITLE	
NAME	Rick St. George	NAME	
STREET ADDRESS	101 Chardin Drive	STREET ADDRESS	
CITY-ST-ZIP	Nokomis, FL 34275	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Rick Torrington	NAME	
STREET ADDRESS	101 Chardin Drive	STREET ADDRESS	
CITY-ST-ZIP	Nokomis, FL 34275	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/21/03 (941) 918-8266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)