2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001472

1. Entity Name

F & S HOLDINGS, L.C.

Principal Place of Business	Mailing Address
1830 SKYLAND DRIVE CLEARWATER FL 33759	1830 SKYLAND DRIVE CLEARWATER FL 33759-1724

2. Principal Place of Business	3. Mailing Address		
247 A REX PLACE	247A REX PLACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	

City & State	City & State	4. FEI Number		Applied For
MADEIRA BEACH FL	MADEIRA BEACH FL	59-3528376		Not Applicable
Zip 33708	Country PINELLAS	Zip 33708	Country PINELLAS	5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STROHMEIER, KIRK 1830 SKYLAND DRIVE CLEARWATER FL 33759	Name KIRK STROHMEIER Street Address (P.O. Box Number is Not Acceptable) 247 A REX PLACE City MADEIRA BEACH FL Zip Code 33708

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 _KIRK STROHMEIER_ 3/24/2000

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 MGRM NAME STROHMEIER, KIRK STREET ADDRESS 1830 SKYLAND DRIVE CITY-ST-ZIP CLEARWATER FL 33759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME FARMER, GEORGIA STREET ADDRESS 1830 SKYLAND DRIVE CITY-ST-ZIP CLEARWATER FL 33759	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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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: _SIGNATURE REQUIRED KIRK STROHMEIER_ 3/13/200 727-392-3938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #