

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001472

1. Entity Name

F & S HOLDINGS, L.C.

FILED

01 APR 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

247A REX PLACE
MADEIRA BEACH FL 33708

Mailing Address

247A REX PLACE
MADEIRA BEACH FL 33708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3528376

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROHMEIER, KIRK
247A REX PLACE
MADEIRA BEACH FL 33708

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

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

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 247 A REX PLACE
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 247 A REX PLACE
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 000004078330--0 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP -04/25/01-01886-002
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 OF KIRK STROHMEIER

Date

4/16/01

Daytime Phone #

727-392-3500

CR2E083 (11/00)