FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #*M*/*3917*

1. Entity Name

FEDAMCO INC.

DO NOT WRITE IN THIS SPACE

117675

2. Principal Place of Business
32 East Center St.
Suite, Apt. #, etc.

3. Mailing Address
32 East Center St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *JUPITER FLA*	City & State *JUPITER FLA*	**4.** FEI Number *59-2527704*	Applied For / Not Applicable

Zip *33477* Country *USA*
Zip *33477* Country *USA*

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

DO NOT WRITE
IN THIS SPACE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	*PRESIDENT*	TITLE	
NAME	*FEDELE MUSSO*	NAME	
STREET ADDRESS	*32 E. CENTER ST*	STREET ADDRESS	
CITY-ST-ZIP	*JUPITER FL 33477*	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Fedele Musso*   *FEDELE MUSSO*   *5/31/02*   *(561) 744-1833*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #