

2002 UNIFORM BUSINESS REPORT (UBR)

5/9/2002-90034-018-\$61.25-\$61.25

0061260

DOCUMENT # N01000003301

1. Entity Name

F.A.S.T. & ASSOCIATES, INC.

FILED

02 JUN 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

502 LONG PINE DR.
TALLAHASSEE FL 32310

502 LONG PINE DR.
TALLAHASSEE FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3716986

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, FELICIA C
502 LONG PINE DR.
TALLAHASSEE FL 32310

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 Felicia C. Austin (Felicia C. Austin), President - CEO 4-8-02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CFO / Board Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Tina Medina
STREET ADDRESS	2929 Metropolitan Avenue
CITY-ST-ZIP	Kansas City, KS 66106
TITLE	Vice President / Board Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schlondra C. Johns
STREET ADDRESS	311 Los Altos Way
CITY-ST-ZIP	Altamonte Springs, Fla. 32714
TITLE	COO / Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Learell
STREET ADDRESS	3241 Whitney Drive, West
CITY-ST-ZIP	Tallahassee, Fla. 32309
TITLE	Secretary / Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorenzo C. Austin, Sr.
STREET ADDRESS	502 Long Pine Dr.
CITY-ST-ZIP	Tallahassee, Fla. 32305
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Na Keva O. Springer
STREET ADDRESS	508 Long Pine Drive
CITY-ST-ZIP	Tallahassee, Fla. 32305
TITLE	President / CEO / Board Mbr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felicia C. Austin
STREET ADDRESS	502 Long Pine Dr.
CITY-ST-ZIP	Tallahassee, Fla. 32305

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Felicia C. Austin Felicia C. Austin

4/8/02

(850)216-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)