

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90231 035 ****61.25

DOCUMENT # N31614

1. Entity Name

F.A.T.E., INC.

Principal Place of Business

%JOHN W. MERTING
421 N. PALAFOX STREET
PENSACOLA FL 32501

Mailing Address

%JOHN W. MERTING
421 N. PALAFOX STREET
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3021830

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

MERTING, JOHN W.
421 N. PALAFOX STREET
PENSACOLA FL 32501

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 \$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 **D** ☐ Delete
 NAME **IRVIN, COY.E.**
 STREET ADDRESS **2010 E. MALLORY ST.**
 CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE **D** ☐ Delete
 NAME **FOWLER, LOUIS B.**
 STREET ADDRESS **915 E. FAIRFIELD DRIVE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 Whaley Avenue**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
 NAME **CIORDIA, RICHARD**
 STREET ADDRESS **8333 N. DAVIS HIGHWAY**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4020 MENENDEZ DRIVE**
 CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-08-01

850-476-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)