

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N31614**

1. Entity Name

F.A.T.E., INC.**FILED****May 22, 2002 8:00 am**
Secretary of State

05-22-2002 90144 020 ****61.25

Principal Place of Business

Mailing Address

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

400001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Gulf Breeze, FL

4. FEI Number

59-3021830

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32501-428**USA**5. Certificate of Status Desired ☐**\$8.75 Additional**
Fees 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 \$61.259. 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 ☐ Delete
NAME **D**
STREET ADDRESS **IRVIN, COY E.**
CITY-ST-ZIP **2010 E. MALLORY ST.**
PENSACOLA FL 32503TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **FOWLER, LOUIS B.**
CITY-ST-ZIP **2000 WHALEY AVENUE**
PENSACOLA FL 32503TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CIORDIA, RICHARD**
CITY-ST-ZIP **4020 MENENDEZ DRIVE**
PENSACOLA FL 32503TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)