

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90115 005 ****61.25

DOCUMENT # N99000003960

1. Entity Name

FCP, INC.

Principal Place of Business

Mailing Address

2763 1ST AVE
 ST PETERSBURG FL 33713

2763 1ST AVE
 ST PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

5540 PARK BLVD

5540 PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 13

STE 3

City & State

City & State

PINELLAS PARK FL

PINELLAS PARK FL

Zip

Country

Zip

Country

33781

PINELLAS

33781

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD, JEFFREY
 2763 1ST AVE
 ST PETERSBURG FL 33713

Name

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

5540 PARK BLVD STE 3

City

PINELLAS PARK

FL

Zip Code

33781

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

JEFFREY RICHARD, EXEC DIR X *Jeffrey P. Richard* 4-30-02

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 SD ☐ Delete
 NAME BUMPUS, BARBARA
 STREET ADDRESS 2172 63 AV S
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

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

TITLE D ☐ Delete
 NAME MARKLEY, JOAN
 STREET ADDRESS RR 1 BOX 349A
 CITY-ST-ZIP PENOBSCOT ME 04476

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

TITLE D ☐ Delete
 NAME FRYE, MARY J
 STREET ADDRESS 360 BROADWAY
 CITY-ST-ZIP BANGOR ME 04402-0403

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

TITLE D ☐ Delete
 NAME HARRIS, WALTER DR
 STREET ADDRESS 63 FOREST DR
 CITY-ST-ZIP ORONO ME 04473

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

TITLE PS ☐ Delete
 NAME SIMONDS, DAVID H
 STREET ADDRESS 15 COLUMBIA ST
 CITY-ST-ZIP BANGOR ME 04401

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Barbara Bumpus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E037 (9/01)