

2001 UNIFORM BUSINESS REPORT (UBR)

5/7.

FILED
May 23, 2001 8:00 am
Secretary of State

05-07-2001 90009 008 ***150.00

DOCUMENT # P00000001933

1. Entity Name

F AND U HOLDINGS, INC.

Principal Place of Business

5801 PELICAN BAY BLVD., SUITE 300
 NAPLES FL 34108-2709

Mailing Address

5801 PELICAN BAY BLVD., SUITE 300
 NAPLES FL 34108-2709

2. Principal Place of Business

25151 Pennyroyal Dr.
 Suite, Apt. #, etc.

3. Mailing Address

25151 Pennyroyal Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL
 Zip 34134 County

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Bonita Springs, FL
 Zip 34134 County

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CECIL, W. JEFFREY
 5801 PELICAN BAY BLVD., SUITE 300
 NAPLES FL 34108-2709

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT/DIRECTOR
STREET ADDRESS	FRANZ ROSINUS
CITY-ST-ZIP	25151 PENNYROYAL DR. BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/DIRECTOR
STREET ADDRESS	UTE ROSINUS
CITY-ST-ZIP	25151 PENNYROYAL DR. BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANZ ROSINUS

4-27-01

Date

941-947-9829

Daytime Phone #

CR2034 (10/00)