## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # P0000002123 1. Entity Name FYE, INC. 09-13-2000 90015 017 \*\*\*150.00 Principal Place of Business Mailing Address 10 DORAL DR. 10 DORAL DR. SHALIMAR FL 32579 SHALIMAR FL 32579 .,,,,,,,,,,,,,,,,, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALVIN, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 10 DORAL DR. SHALIMAR FL 32579 Zip Code FL 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 rainstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Delete ☐ Change TITLE TITLE ☐ Addition GALVIN, MICHAEL C NAME NAME STREET ADDRESS 10 DORAL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL 32579 □ Delete ☐ Addition TITLE TITLE Change GALVIN, MEGAN J NAME NAME STREET ADDRESS 10 DORAL DR. STREET ADDRESS CITY-ST-ZIP SHALIMAR FL.32579 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GALVIN, DANIEL T NAME STREET ADDRESS 10 DORAL DR. STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

	9-11-00
To whom it may conce	rne
	ed a notice for
the Uniform Business K	cport, due in
May 2000'. In Jun	e, I received a
	and notice (for incuse)
due by Scot. 13th	
Lorigina	my filed to become
a corporation on I	ecember 30, 1999,
(which at that I	
\$ 150 % to be ap	blied for the year
2000- à to have	
	000. Furthermore,
when I Spoke to	
too, confirmed the	
Should have been	
	uca one-time
exemption = ac	cot my enclosed
Dayment Of \$150.	00.
Should you	have any additional
guestions, Please co	have any aditional ntact me at: Thankyou,
850-864-5577.	Thankyou
Sincorely	
	Plichael Platu