

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90140 045 ***150.00

DOCUMENT # P00000002123

1. Entity Name
FYE, INC.



Principal Place of Business
723 N EGLIN PKWY
FORT WALTON BEACH FL 32547

Mailing Address
10 DORAL DR.
SHALIMAR FL 32579



2. Principal Place of Business

19 N Eglin Pkwy

Suite, Apt. #, etc.
1st Financial Plaza

City & State
Fort Walton Beach, FL

Zip
32548

Country
USA

3. Mailing Address

19 N Eglin Pkwy

Suite, Apt. #, etc.
1st Financial Plaza

City & State
Fort Walton Beach, FL

Zip
32548

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3620226

APPLIED FOR
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALVIN, MICHAEL C
10 DORAL DR.
SHALIMAR FL 32579

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GALVIN, MICHAEL C
STREET ADDRESS 10 DORAL DR.
CITY-ST-ZIP SHALIMAR FL 32579

TITLE D ☐ Delete
NAME GALVIN, MEGAN J
STREET ADDRESS 10 DORAL DR.
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME TOUMA, JIMMY E.
STREET ADDRESS 2800 SAM SNEAD CT.
CITY-ST-ZIP SHALIMAR, FL 32548 32579-2240

TITLE D ☐ Change ☒ Addition
NAME ALKINBURG, DAVID C.
STREET ADDRESS 205 PINE CONE DR.
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

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

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

TITLE ☐ Change ☐ Addition
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/02 850 864-5577

CR2E034 (10/02)