Empfangen von: 941 434 0339 15/05/01 21:06 S.: 2

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

amended

DOCUMENT# P00000046150

Entity Name
FDB, INC.

FILED
01 JUN 13 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2640 Golden Gate Parkway Suite 206 Naples, FL 34105	(Same)

2. Principal Place of Business	3. Mailing Address
Collier, Naples, FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number XX Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Donald K. Ross, Jr., Esq. 2640 Golden Gate Parkway Suite 206 Naples, FL 34105	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 MAC 1, 2001 Fee will be $550.00
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Peter Scheckenhofer PO Box 10954 Naples, FL 34101 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Peter Scheckenhofer PO Box 10954 Naples, FL 34101 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST Hans Behrens PO Box 8331, Naples, FL 34106 XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Peter A. Scheckenhofer PO Box 10954 Naples, FL 34101 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Peter A. Scheckenhofer PO Box 10954 Naples, FL 34101 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004449491--1 -06/28/01--01043--001 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Peter Scheckenhofer 05-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #