

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90399 043 ***158.75

DOCUMENT # P00000057785

1. Entity Name
THE FIDELITY COMPANIES INC.



Principal Place of Business

1819 OLEANDER STREET
SARASOTA FL 34239

Mailing Address

1819 OLEANDER STREET
SARASOTA FL 34239



2. Principal Place of Business

2975 Bobcat Village Center Rd.
Suite, Apt. #, etc.
Ste. 100

3. Mailing Address

2975 Bobcat Village Center Rd.
Suite, Apt. #, etc.
Ste. 100

☒ CHECK HERE IF MAKING CHANGES

City & State
North Port FL

City & State
North Port FL

4. FEI Number 65-1016424

Applied For
Not Applicable

Zip Country
34288 sarasota

Zip Country
34288 sarasota

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENKE, W. TODD
1819 OLEANDER STREET
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name Hunihan, David C.
Street Address (P.O. Box Number is Not Acceptable)
2975 Bobcat Village Center Rd
Ste 100
City North Port FL Zip Code 34288

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)

1/30/03
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	<input type="checkbox"/> Delete
NAME	HUNIHAN, DAVID C	
STREET ADDRESS	1819 OLEANDER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENKE, W. TODD	
STREET ADDRESS	1819 OLEANDER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2975 Bobcat Village Center Rd #100	
CITY-ST-ZIP	NORTH PORT FL 34288	
TITLE		<input checked="" 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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/30/03
Date

941-915-9000
Daytime Phone #

CR2E034 (10/02)