

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91010 001 ***300.00

DOCUMENT # P00000078888

1. Entity Name
THE FIFE GROUP INC

Principal Place of Business
% BRIAN LIGHT
6860 GULFPORT BLVD., #900
S. PASADENA FL 33707-2108

Mailing Address
% BRIAN LIGHT
6860 GULFPORT BLVD., #900
S. PASADENA FL 33707-2108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12850 WALSHINGHAM RD

3. Mailing Address
2817 WEST END AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SITE 126 & 292

City & State
LARGO FL

City & State
NASHVILLE TN

4. FEI Number
36-4392609

Applied For
 Not Applicable

Zip
33774

Country

Zip
37203

Country

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

6. Name and Address of Current Registered Agent

LIGHT, BRIAN
6860 GULFPORT BLVD., #900
S. PARADENA FL 33707-2108

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 **D** ☐ Delete
 NAME **ANDERSON, DAVID C**
 STREET ADDRESS **6860 GULFPORT BLVD., #900**
 CITY-ST-ZIP **S. PASADENA FL 33707-2108**

TITLE **D** ☐ Delete
 NAME **ANDERSON, LORI D**
 STREET ADDRESS **6860 GULFPORT BLVD., #900**
 CITY-ST-ZIP **S. PASADENA FL 33707-2108**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **BRIAN LIGHT**
 STREET ADDRESS **6860 GULFPORT BLVD #900**
 CITY-ST-ZIP **S. PASADENA FL 33707-2108**

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

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: **Brian Light - Sec**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/24/01** Daytime Phone # **615 860 0228**

CR2E034 (10/00)