

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0121800 AV

DOCUMENT # P00000081711

1. Entity Name
FAMCO (USA), INC.

04-09-2002 90036 015 ***150.00

Principal Place of Business
240 SEA CORAL WAY
MELBOURNE BEACH FL 32951

Mailing Address
240 SEA CORAL WAY
MELBOURNE BEACH FL 32951



2. Principal Place of Business
240 SEA CORAL WAY

3. Mailing Address
240 SEA CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE BEACH FL

City & State
MELBOURNE BEACH FL

4. FEI Number **59-3677368**

Applied For
 Not Applicable

Zip
32951

Country
BREVARD

Zip
32951

Country
BREVARD

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

SCHINDEL, PETER
240 SEAL CORAL WAY
MELBOURNE BEACH FL 32951

Name

Street Address (P.O. Box Number is Not Acceptable)
240 SEA CORAL WAY

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHINDEL, PETER**
 CITY-ST-ZIP **240 SEA CORAL WAY**
MELBOURNE BEACH FL 32951

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Peter H Schindel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-02

321.427.3312

Date

Daytime Phone #

CR2E034 (9/01)