

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90078 046 ***150.00

DOCUMENT # P00000082390

1. Entity Name
F.H. CANEVARI, INC.

Principal Place of Business
1350 SW 86TH AVE
OKEECHOBEE FL 34974

Mailing Address
1350 SW 86TH AVE
OKEECHOBEE FL 34974

2. Principal Place of Business
308 SE 8th Ave

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Okeechobee FL

City & State

4. FEI Number
65-1033970

Applied For
 Not Applicable

Zip
34974

Country
USA

Zip

Country

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

FISHER, JOSEPH R
49 KINDRED ST
STUART FL 34994

Name
Loren F. Cassidy
 Street Address (P.O. Box Number is Not Accepted)
2261 SE Shelter Dr

City
Port St Lucie FL 34952

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 **Loren F Cassidy EA**

3/11/02

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
PD
 NAME
CANEVARI, FREDERICK H
 STREET ADDRESS
1350 SW 86TH AVE
 CITY-ST-ZIP
OKEECHOBEE FL 34974

TITLE
 NAME
308 SE 8th Ave
 STREET ADDRESS
Okeechobee, FL 34974
 CITY-ST-ZIP

TITLE
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 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: **Frederick H. Canevari**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 863-610-3735
 Date Daytime Phone #

CR2E034 (9/01)