

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000095084**1. Entity Name
FD HOLDING CORP.**Principal Place of Business**

5901 PALM TRACE LANDINGS BLDG 10 APT 318

DAVIE
33314

FL

Mailing Address

5901 PALM TRACE LANDINGS BLDG 10 APT 318

DAVIE
33314

FL

2. Principal Place of Business

3841 W STATE ROAD 84

3. Mailing Address

3841 W STATE ROAD 84

Suite, Apt. #, etc.
SUITE 101Suite, Apt. #, etc.
SUITE 101**City & State**

DAVIE

FL

City & State

DAVIE

FL

Zip
33312

Country

Zip
33312

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BRILL THEODORE FESQ
THEODORE F. BRILL, P.A.
8211 WEST BROWARD BLVD SUITE 360
PLANTATION
333242737 US

FL

7. Name and Address of New Registered Agent**Name**

DONNELLY KEVIN R

Street Address (P.O. Box Number is Not Acceptable)
3841 W STATE ROAD 84

SUITE 101

City
DAVIE

FL

Zip Code
33312

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 **KEVIN DONNELLY****04/26/2001**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FREDRICKS SKIP V.P.		
STREET ADDRESS	3326 COOLIDGE ST		
CITY-ST-ZIP	HOLLYWOOD FL 33021		
TITLE	PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DONNELLY KEVIN RPRES		
STREET ADDRESS	3841 W STATE ROAD 84		
CITY-ST-ZIP	DAVIE FL 33312		
TITLE		<input 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			
CITY-ST-ZIP			
TITLE		<input 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			
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: KEVIN DONNELLY**PRES****04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)