2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000111227

1. Entity Name FONDA, INC.



FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90117 016 ***150.00

Disciplinate Plan			Mailing	Address							
Principal Place		167 EAST 24TH STREET									
TOT CAUT EATH OTHER					ID FL 33404-4515						
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2. Principal P	Place of Busines	s	3. Mailing Address								18(1 18 8 1 1881
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF	MAKING	CHANGES	
ound, April								- OFFICER TERM			
City & State			City & State			4. F	65-0102903 No			plied For	
										t Applicable	
Zip Country		Country	Zip Coul		Coun	try	5. Certificate of Status Desired S8.75 Add Fee Require				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
	0. Name a	id Address of Carrein	, togioto. s		-	Name					
TOUR BILLIE											
FONDA, DIANE						Street Address (P.O. Box Number is Not Acceptable)					
167 EAST	24TH STREE	T									
SINGER IS	sland FL 334	104-4515									
						City	,,		FL	Zip Coo	le
										omiliar with	and accept
8. The above	e named entity s	submits this statement fo	r the purp	ose of changing its	register	ed office or regi	stered ag	ent, or both, in the State of Flori	da. Famili	arimai wiiri,	and accept
the obligat	tions of register	ed agent.									
SIGNATURE											
SIGNATURE	Signature, typed or	printed name of registered agent	and title if app	licable. (NOTE	: Registere	d Agent signature req	uired when re	einstating)	DATE		
		FFE 10 64E0 00								A- (
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								 Election Campaign Final Trust Fund Contribution.)0 May Be
- Alfe	r May 1, 2003 k Davable to i	Florida Department o	f State					Trust Fund Contribution.		J Aude	U 10 1 CC3
	K Payable to 1			DC	11.	 	АГ	DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	IS IN 11
10.	DOTE	OFFICERS AND	DIRECTO	Delete	TITL					☐ Change	Addition
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CITY-ST-ZIP	SINGER ISL	AND FL 33404-4515			-					Change	Addition
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NAME	FONDA, HE				NAM						
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NAME	1				NA!	1E					

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 of 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 receipt of trustes 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.

STREET ADDRESS

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TITLE NAME

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SIGNATURE

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NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

561798-505C

Daytime Phone #

☐ Change

☐ Change

Change

Addition

Addition

☐ Addition