

AMENDED
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT #

1. Entity Name

Roman Fedo, Inc.

201000057207

02 AUG 23 AM 11:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 -08/23/02--01046--018
 *****61.25 *****61.25

2. Principal Place of Business

4065 South Military Trail

3. Mailing Address

4065 South Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

4. FEI Number

651114426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name R. Scott Buist

Street Address (P.O. Box Number is Not Acceptable)

745 U.S. Highway One, Suite 102

City North Palm Beach

FL

Zip Code 33408

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 file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25
 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 Director/President/Treasurer
 NAME Roman Walter Fedo
 STREET ADDRESS 16947 Adonaire Lane
 CITY-ST-ZIP Wellington, Florida

TITLE Director, Vice President/Secretary
 NAME Anthony Sam Lazzara
 STREET ADDRESS 601 South Seas Drive, Unit 202
 CITY-ST-ZIP Jupiter, Florida 33477

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Roman Walter Fedo

8/20/02

561-801-0410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/23/02