2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000083761

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

BERG, PAUL R

3333 20TH STREET VERO BEACH FL 32960

Zip

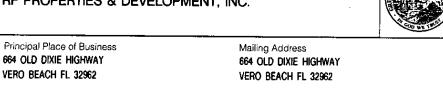
SIGNATURE

Country

6. Name and Address of Current Registered Agent



F PROPERTIES & DEVELOPMENT, INC.		
rincipal Place of Business 64 OLD DIXIE HIGHWAY	Mailing Address 664 OLD DIXIE HIGHWAY	·



3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90220 028 ***150.00



4. FEI Number			Applied For
59-3740450			Not Applicable
5. Certificate of Status Desired			8.75 Additional e Required
7. Name and Address of New Regis	sterec	l Ag	ent
• · · · •	-		
O. Box Number is Not Acceptable)			

		<u>-</u>	_ 1
3	The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.	red office or registered agent, or both, in the State of Florida. a	m familiar with, and accept
	the obligations of registered agent.		

City

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

Street Address (

Trust Fund Contribution.

9. Election Campaign Financing \$5.00 May Be Added to Fees

				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOULKS, RON 664 OLD DIXIE HIGHWAY VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOULKS, ROSALYN 664 OLD DIXIE HIGHWAY VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THING TE NEW THED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #