

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 006 ***150.00

DOCUMENT # P02000001426 1. Entity Name F.E.L. INC.					
Principal Place of Business 4630 NUNIVERSITY DR, STE 313 CORAL SPRINGS, FL 33065			Mailing Address 4630 NUNIVERSITY DR, STE 313 CORAL SPRINGS, FL 33065		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 ☒ CHECK HERE IF MAKING CHANGES	
City & State		City & State			
Zip	Country	Zip	Country		
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 COLEMAN, ANTHONY G JR 3275 W HILLSBORO BLVD, #207 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)					
FILING FEE Initial May 1, 2003 Fee will be \$500.00 Making Change Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D MILLER, STEVEN 4630 NUNIVERSITY DR, STE 313 CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, MARGARET 4630 NUNIVERSITY DR, STE 313 CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, KEVIN 4630 NUNIVERSITY DR, STE 313 CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doyle, Kevin 2655 NW 114 Ave Coral Springs, FL 33065 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTORE, JONATHAN 4630 NUNIVERSITY DR, STE 313 CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Kevin Doyle, Kevin Doyle</u> 4/21/2003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)