

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-17-2003 90107 046 ***150.00

DOCUMENT # P02000012955

1. Entity Name
F.M. 40 CORP.



Principal Place of Business
**1314 E. CAPE CORAL PARKWAY
SUITE #203
CAPE CORAL FL 33904**

Mailing Address
**1314 E. CAPE CORAL PARKWAY
SUITE #203
CAPE CORAL FL 33904**



2. Principal Place of Business
**1314 E CAPE CORAL PKWY
Suite, Apt. #, etc.
SUITE #204**

3. Mailing Address
**P.O. BOX 101335
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL, FL.

City & State
CAPE CORAL, FL.

4. FEI Number
41-2039547

Applied For
Not Applicable

Zip
33904

Country
US

Zip
33910

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SENDRA, JOSE A
1314 E. CAPE CORAL PARKWAY
SUITE #203
CAPE CORAL FL 33904**

Name **SENDRA, JOSE A.**
Street Address (P.O. Box Number is Not Acceptable)
**1314 E CAPE CORAL PKWY
SUITE #204
CAPE CORAL FL 33904**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check 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 **D SENDRA, JOSE A** ☐ Delete
STREET ADDRESS **1314 E. CAPE CORAL PARKWAY, SUITE #203**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE
NAME **D SENDRA, JOSE A.** ☒ Change ☐ Addition
STREET ADDRESS **1314 E CAPE CORAL PARKWAY, SUITE #204**
CITY-ST-ZIP **CAPE CORAL, FL. 33904**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 (259) 945 6777
Date Daytime Phone #

CR2E034 (10/02)