

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-09-2003 90115 023 \*\*\*150.00  
FILED P02000039562

DOCUMENT # P02000039562

1. Entity Name  
FU, INC.



03 JAN 21 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3759 GATLIN PLACE CIR  
ORLANDO FL 32812

Mailing Address  
3759 GATLIN PLACE CIR  
ORLANDO FL 32812

2. Principal Place of Business  
13221 Shawswood Cir  
Suite, Apt. #, etc.

3. Mailing Address  
13221 Shawswood Cir  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
ORLANDO FL  
Zip 32828 Country

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ORLANDO FL  
Zip 32828 Country

4. FEI Number  
02-0579209  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS & INCORPORATIONS, INC.  
773 4TH AVE. N  
SUITE E  
NAPLES FL FL

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 01-06-03  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP	P DELIA, JESSE D 3759 GATLIN PLACE CIR ORLANDO FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELIA, JESSE D 13221 Shawswood Cir. ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-03 407-244-6693  
Date Daytime Phone #

CR2E034 (10/02)