

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90071 012 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000041614

Entity Name
FLD ENTERPRISES, INC.



Principal Place of Business
**7101 S FLORIDA AVE
FLORAL CITY FL 34436**

Mailing Address
**7101 S FLORIDA AVE
FLORAL CITY FL 34436**



Principal Place of Business
**7101 S FLORIDA AVE
FLORAL CITY FL 34436**

3. Mailing Address
**12128 SHAFER RD.
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
SPRING HILL, FL

4. FEI Number
04-3638164
Applied For
☐ Not Applicable

Country
USA

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

6. Name and Address of Current Registered Agent
**WING, RAYMOND A
9470 MIRACLE DR
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, the registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
T ADDRESS	DP PENDULICK, LAURENCE 7101 S FLORIDA AVE FLORAL CITY FL 34436	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
T ADDRESS	DVT PENDULICK, DEBRA 7101 S FLORIDA AVE FLORAL CITY FL 34436	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
T ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
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T ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
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T ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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 REQUIRED
DEBRA PENDULICK 4/15/2003