

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0157230
FP

DOCUMENT # P02000130293

1. Entity Name

F. ST GEORGE ENTERPRISES, INC.



FILED

03 OCT 28 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 23

Principal Place of Business

265 WELLINGTON AVE
VALPARAISO FL 32580

Mailing Address

265 WELLINGTON AVE
VALPARAISO FL 32580

2. Principal Place of Business

265 WASHINGTON AVE

3. Mailing Address

265 WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALPARAISO

City & State

VALPARAISO

Zip

32580

Country

US

Zip

32580

Country

US

4. FEI Number

41-2069003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, JAMES A

220 GOVERNMENT ST STE 1

NICEVILLE FL 32578

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE PT
NAME PARKS, FIONA S
STREET ADDRESS 265 WELLINGTON AVE
CITY-ST-ZIP VALPARAISO FL 32580 ☐ Delete

TITLE S
NAME ST GEORGE, KRYSTAL
STREET ADDRESS 265 WELLINGTON AVE
CITY-ST-ZIP VALPARAISO FL 32580 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700024177917
10/27/03--01112--016 **150.00

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

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

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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: FIONA S PARKS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 14 2003

Date

Daytime Phone #

CR2E034 (4/03)