

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

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90045 045 ***158.75

DOCUMENT # **P03000076906**

1. Entity Name

F-U-C-P CORP.



DO NOT WRITE IN THIS SPACE

54009956

2. Principal Place of Business

3040 Lakeshore Drive

Suite, Apt. #, etc.

#801

3. Mailing Address

3040 Lakeshore Drive

Suite, Apt. #, etc.

#801

City & State

RIVIERIA BEACH, FL.

City & State

RIVIERIA BEACH, FL.

4. FEI Number

47-0938069

Applied For

Not Applicable

Zip

33404

Country

U.S.A.

Zip

33404

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

STEPHEN A. STOIEFF

Street Address (P.O. Box Number is Not Acceptable)

3040 Lakeshore Drive #801

City

RIVIERIA BEACH

FL

Zip Code

33404

**DO NOT WRITE
IN THIS SPACE**

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 **STEPHEN A. STOIEFF**

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2-18-04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/T I/S
STEPHEN A. STOIEFF
3040 LAKESHORE DRIVE #801
RIVIERIA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V/D
MICHAEL POLAK III
11038 MONET LAKE
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN A. STOIEFF

STEPHEN A. STOIEFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

DATE

561-628-6205

DAYTIME PHONE #

CR2E034B (12/02)