2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
04-16-2003 90150 034 ***150.00

DOCUMENT # P92000011985

1. Entity Name
F.I. PROFESSIONAL ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
P.O. BOX 5189 DELTONA FL 32728 US	P.O. BOX 5189 DELTONA FL 32728 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2000 LAKEBREEZE WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELTONA, FL	City & State
Zip: 32725 / Country: VOLUSIA	Zip / Country

4. FEI Number 59-3158386 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FILIPEK, MARCOS
1500 HERNDON AVE
DELTONA FL 32725

7. Name and Address of New Registered Agent
Name: FILIPEK, MARCOS
Street Address (P.O. Box Number is Not Acceptable): 2067 DIXIE BELLE AVE
City: DELTONA FL Zip Code: 32725

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] DATE 3/25/03
Signature, typed 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	S FILIPEK, ROBERTO 1500 HERNDON AVE DELTONA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FILIPEK ROBERTO 2000 LAKEBREEZE WAY DELTONA, FL 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NIEVES, SONIA 1500 HERNDON AVE DELTONA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NIEVES SONIA 2000 LAKEBREEZE WAY DELTONA, FL 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: [signature] 3/25/03 386-574-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #