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
P.O. BOX 5189
DELTONA FL 32728
US

Mailing Address
P.O. BOX 5189
DELTONA FL 32728
US

2. Principal Place of Business
2000 LAKE BREEZE WAY
Suite, Apt. #, etc.
City & State
DELTONA, FL
Zip 32725
Country VOLUSIA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☒ CHECK HERE IF MAKING CHANGES

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 _____ DATE 3/25/03
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent must be signed after 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

TITLE	S	☒ Delete
NAME	FILIPEK, ROBERTO	
STREET ADDRESS	1500 HERNDON AVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	T	☒ Delete
NAME	NIEVES, SONIA	
STREET ADDRESS	1500 HERNDON AVE	
CITY-ST-ZIP	DELTONA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	☒ Change ☐ Addition
NAME	FILIPEK ROBERTO	
STREET ADDRESS	2000 LAKEBREEZE WAY	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	T	☒ Change ☐ Addition
NAME	NIEVES SONIA	
STREET ADDRESS	2000 LAKEBREEZE WAY	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or changed, or on an attachment with an address with an officer or director empowered.

SIGNATURE: _____ Date 3/25/03 Daytime Phone # 386-574-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR