2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
04-18-2001 90011 029 ***150.00

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DOCUMENT # P93000034843

1. Entity Name
ROBERT A. FEDORCHUK FINANCIAL & INSURANCE SERVIC

Principal Place of Business	Mailing Address
730 N. PENINSULA DRIVE DAYTONA BEACH FL 32118-3831	730 N. PENINSULA DRIVE DAYTONA BEACH FL 32118-3831

948422

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO Box 2353
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DAYTONA BEACH, FL
Zip / Country	Zip: 32115-2353 / Country: USA

4. FEI Number 59-3278671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEDORCHUK, ROBERT A
730 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118-3831

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROBERT A FEDORCHUK 730 N. PENINSULA DRIVE DAYTONA BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A Fedorchuk - President APRIL 13 2001 (386) 248-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ROBERT A. FEDORCHUK - PRESIDENT | Date | Daytime Phone #