

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067979

Name

FEE INVESTMENT COMPANY

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90049 002 ***150.00

C0016

Place of Business	Mailing Address
OAK DR 34761	1374 CENTURY OAK DR OCOE FL 34761-4026 US

Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.

State	City & State
Country	Zip
Country	Country

4. FEI Number	59-3202336	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, JULES S 1374 CENTURY OAK DR OCOE FL 34761

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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

Corporation is eligible to satisfy its intangible
taxing requirement and elects to do so.
(Criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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
contained 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
applicable, or on an attachment with an address, with all other like empowered.SIGNATURE: JULES S. COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-30-00
Date407-419-8512
Daytime Phone #

CR2E034 (9/99)