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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am DOCUMENT # P94000063857 ~ -**Secretary of State** F.D.B. CONSULTANTS, INC. 03-09-2001 90009 041 ***158.75 Principal Place of Business Mailing Address % ROSEMARY DIBARTOLO % ROSEMARY DIBARTOLO 8152 SE PAVROTIS LANE 8152 SE PAVROTIS LANE HOBE SOUND FL 33455 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0527938 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FRISCIA, ROY 11844 S.E. DIXIE HWY. HOBE SOUND FL 33455 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE PRESIDENT Change DIBARTOLO, FRANK NAME 1300 SOUTH A1A, ROOM 413 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP **☑** Delete TITLE ☐ Addition DIBARTOLO, ROSEMARY NAME NAME 1300 S A1A, RM 413 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jupiter fl CITY-ST-ZIP ☐ Addition □ Delete .TITLE _. ☐ Change. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.