

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027839

1. Entity Name

FLD GROUP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90099 011 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2000 N FLORIDA MANG ROAD #200 WEST PALM BEACH FL 33409 US	Mailing Address 2000 N FLORIDA MANG ROAD #200 WEST PALM BEACH FL 33409-6443 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0598149	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GIORDANO, JOHN
~~220 S. FRANKLIN ST.~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name: *Deborah A Dentry*
 Street Address (P.O. Box Number is Not Acceptable): *2000 N. Florida Mango Rd.*
#200
 City: *WPB* State: **FL** Zip Code: *33409*

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: *Deborah A. Dentry* (NOTE: Registered Agent signature required when reinstating) DATE: *4/24/00*

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, 2000 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

TITLE	P <input type="checkbox"/> Delete
NAME	DENTRY, DEBORAH A
STREET ADDRESS	2000 N FLORIDA MANGO ROAD #200
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Deborah A. Dentry* *Deborah A. Dentry* DATE: *4/24/00* DAYTIME PHONE #: *561-697-5252*

CR2E034 (9/99)