

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056282

1. Entity Name

FCS GROUP, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90090 044 ***150.00

Principal Place of Business

51 NE 45 COURT
 FORT LAUDERDALE FL 33334

Mailing Address

51 NE 45 COURT
 FORT LAUDERDALE FL 33063-5914

2. Principal Place of Business

4692 NW 30th STREET
 Suite, Apt. #, etc.

3. Mailing Address

4692 NW 30th ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 COCONUT CREEK, FL

Zip
 33063

Country

City & State
 COCONUT CREEK, FL

Zip
 33063

Country

4. FEI Number 65-0597128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FARON, WILLIAM A
 51 NE 45 COURT
 FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4692 NW 30th STREET

City COCONUT CREEK

FL

Zip Code 33063

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

William A. Faron
 Signature, typed or printed name of registered agent and type of office

(NOTE: Registered Agent signature required when reinstating)

4/27/00
 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, 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 PTD ☐ Delete
 NAME FARON, WILLIAM A
 STREET ADDRESS 51 NE 45 COURT
 CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE SVD ☐ Delete
 NAME FARON, CATHERINE F
 STREET ADDRESS 51 NE 45 COURT
 CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4692 NW 30th ST
 CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4692 NW 30th ST
 CITY-ST-ZIP COCONUT CREEK, FL 33063

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TITLE ☐ Change ☐ 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:

William A. Faron
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
 WILLIAM A. FARON

4/27/00
 Date

Daytime Phone #

CR2E034 (9/99)