

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90010 021 \*\*\*150.00

80000580



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P96000030774</b>			
<b>1. Entity Name</b> <b>FORT PIERCE INVESTORS, INC.</b>			
<b>Principal Place of Business</b> 603 N INDIAN RIVER DR STE 300 FORT PIERCE FL 34950		<b>Mailing Address</b> 603 N INDIAN RIVER DR STE 300 FORT PIERCE FL 34950	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 65-0677825		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
FOGAL, CHRISTOPHER E 603 N INDIAN RIVER DR STE 300 FORT PIERCE FL 34950		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>11. OFFICERS AND DIRECTORS</b>	
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete LEE, LARRY JR 2209 SOUTH 25TH STREET #200 FORT PIERCE FL 34947	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete FINNEY, LINNES 320 SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34948-3990	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete NEILL, RICHARD V 311 S 2ND ST FORT PIERCE FL 34950	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <input type="checkbox"/> Delete JACQUIN, PAUL 7348 COMMERICAL CIR. FORT PIERCE FL	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input type="checkbox"/> Delete FOGAL, CHRISTOPHER 603 N INDIAN RIVER DR STE 300 FORT PIERCE FL 34950	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete MANCINI, ELLEN PO BOX 3744 FT PIERCE FL 34948	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Christopher FOGAL</i> <b>CHRISTOPHER FOGAL</b> 1/3/01 561-461-5511			
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Date</b> <b>Daytime Phone #</b>			

CR2E034 (10/00)