

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096954

1. Entity Name

FEICO, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90144 003 ***150.00

Principal Place of Business

Mailing Address

~~3508 S. MANHATTAN AVE.
TAMPA FL 33611~~

3501 W. SAN JUAN ST
TAMPA FL 33629-7903

2. Principal Place of Business

3. Mailing Address

3409 W. Bay to Bay Blvd

3501 W. San Juan

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

59-3413012

Applied For
Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEIVELSON, ALAN J
28547 TANGLEWOOD DRIVE
WESLEY CHAPEL FL 33543

Name Same

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

3501 W. San Juan ST

City TPA

FL

Zip Code 33629

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

Alan J Feivelson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-26-2000

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
NAME FEIVELSON, ALAN J
STREET ADDRESS 28547 TANGLEWOOD DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

TITLE V
NAME COX, CHARLES
STREET ADDRESS 3501 SAN JUAN STREET
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Feivelson, ALAN J. ☒ Change ☐ Addition
STREET ADDRESS 3501 W. San Juan ST
CITY-ST-ZIP TPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 813
835-1818