## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P96000098335 F & D CONSTRUCTION, INC. 03-19-2001 90027 004 \*\*\*150.00 Principal Place of Business Mailing Address 9371 CYPRESS LAKE DR **SUITE #17** 9371 CYPRESS LAKE DRIVE SUITE #17 1.0054747 FORT MYERS FL 33919 FT. MYERS FL 33919 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0726676 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent DITTMER, FRED D SUITE #17 9371 CYPRESS LAKE DRIVE FORT MYERS FL 33919 8. The above named entity symmits this statement se of changing its registered office or registered a ent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE FREUND, RICHARD NAME STREET ADDRESS 9371 CYPRESS LAKE DR STE 17 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 TITLE ☐ Change ☐ Addition TITLE **X** Delete DITTMER, FRED D NAME NAME STREET ADDRESS STREET ADDRESS 9371 CYPRESS LAKE DR STE 17 CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33919 - ☐ Change ~ · ☐ Addition • Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME

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 eppowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Freund

941-939-5251

Daytime Phone #

☐ Change

☐ Addition