


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90225 018 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000104478			
1. Entity Name <b>FS &amp; COMPANY, INC.</b>			
Principal Place of Business 1154 NW 76TH BLVD GAINESVILLE, FL 32606		Mailing Address 1154 NW 76TH BLVD GAINESVILLE, FL 32606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERMAN-SALAS, SANDY 1164 NW 76TH BLVD GAINESVILLE, FL 32606		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and UBR filer, if applicable.		(NOTE: Registered Agent's location required when relocating)	
FEE: \$150.00 After May 1, 2003 Fee will be \$200.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P Ferman-Salas, Sandy	TITLE	P Ferman-Salas, Sandy
NAME	1164 NW 76TH BLVD	NAME	6240 Greatwater dr
STREET ADDRESS	GAINESVILLE, FL	STREET ADDRESS	Windermere, FL 34786
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SALAS, BIENVENIDO C	TITLE	D Salas Bienvenido C
NAME	1164 NW 76TH BLVD	NAME	6240 Greatwater dr
STREET ADDRESS	GAINESVILLE, FL 32606	STREET ADDRESS	Windermere, FL 34786
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FERMAN, LEONARD	TITLE	
NAME	4326 NW 66TH WAY	NAME	
STREET ADDRESS	GAINESVILLE, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FERMAN, JACKIE	TITLE	
NAME	4326 NW 66TH WAY	NAME	
STREET ADDRESS	GAINESVILLE, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Sandra J. Ferman-Salas</i>		DATE: 4/28/03 4079094720	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

11034683



CHECK HERE IF MAKING CHANGES

CRE0304 (10/02)