2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035082

. Entity Name

FD ASSOCIATES, INC.

FILED

03 MAY -5 AM 8: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
08 MARSH TERR.	7308 MARSH TERR.
ORT ST. LUCIE FL 34~	PORT ST. LUCIE FL 34986

2. Principal Place of Business	3. Mailing Address
4023 Gator Tree RD	56 Birchwood RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Fort Pierce, FL	City & State Coram NY
Zip 34982 — Country USA	Zip 11-72-7— Country USA

4. FEI Number **65-0753614**

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUORI, WILLIAM
7308 MARSH TERR
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name DEFRANCIS, RICHARD

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

56 Birchwood RD

City Coram   FL   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.

SIGNATURE _Richard DeFrancisRichard_ (Signature, typed or printed name of registered agent and title if applicable. — (NOTE: Registered Agent signature required when reinstating) — 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, 2001 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE		☐ Change	☐ Addition
NAME	FIORI, WILLIAM M		NAME	400018931944		
STREET ADDRESS	7308 MARSH TERR.		STREET ADDRESS	05/13/03--01032--004 **150.00		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DEFRANCIS, RICHARD		NAME			
STREET ADDRESS	56 BINCHWOOD		STREET ADDRESS			
CITY-ST-ZIP	CORAM NY 11727		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/00)

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: _Richard DeFrancis_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #