

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000036402**

1. Entity Name
FPC SERVICES, INC.

Principal Place of Business
**5709 JOHNS ROAD
1200
TAMPA FL 33634
US**

Mailing Address
**5709 JOHNS ROAD
1200
TAMPA FL 33634
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
CITY & STATE

City & State
CITY & STATE

Zip
ZIP

Country
Country

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90023 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3455371

Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARDWICK, JAMES
5709 JOHNS ROAD
SUITE 1200
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name
Name

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

City
City

FL Zip Code
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

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, 2002 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

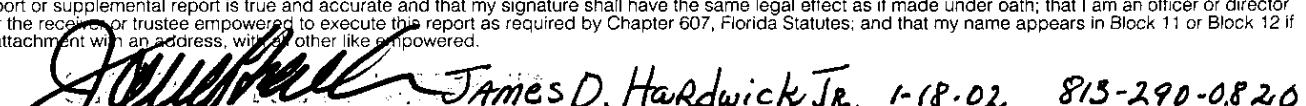
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDWICK, JAMES 5709 JOHNS ROAD, SUITE 1200 TAMPA FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DERAMUS, PATRICK 5709 JOHNS ROAD, SUITE 1200 TAMPA FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 no other like name.

SIGNATURE:


James D. Hardwick Jr. 1-18-02 813-290-0820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)