

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90357 005 ***550.00

DOCUMENT # P97000042812

1. Entity Name

FPWB PROPERTIES, INC.

Principal Place of Business

**1460 SW 20 ST
 PO BOX 39
 BOCA RATON FL 33429
 US**

Mailing Address

**1460 SW 20 ST
 PO BOX 39
 BOCA RATON FL 33429
 US**

2. Principal Place of Business

321 S. Second Street

Suite, Apt. #, etc.

3. Mailing Address

321 S. Second Street

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

34950

Country

U.S.A.

Zip

34950

Country

U.S.A.

4. FEI Number

65-0755040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SCHOENFELDT, JEFFREY S

1460 SW 20TH ST

PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name

Edward W. Becht, Esq.

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

321 S. Second Street

City

Fort Pierce

FL

Zip Code

34950

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

Edward W. Becht

Edward W. Becht

7/9/02
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☒ Delete
 NAME **SCHOENFELDT, JEFFREY S**
 STREET ADDRESS **1460 SW 20TH ST**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☐ Delete
 NAME **MCCARTHY, KEVIN G**
 STREET ADDRESS **8707 JEFFERSON AVE**
 CITY-ST-ZIP **MUNSTER IN 46321**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P/S/T** ☒ Change ☐ Addition
 NAME **McCarthy, Kevin G.**
 STREET ADDRESS **8707 Jefferson Avenue**
 CITY-ST-ZIP **Munster, IN 46321**

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

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

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

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

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:

Kevin G. McCarthy

Kevin G. McCarthy

7/9/02

219/322-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)