

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90228 019 ***150.00

000350 AV

DOCUMENT # P97000068347

1. Entity Name
FEMCO PROPERTY SERVICES, INC.

Principal Place of Business

**634 BUCKINGHAM CT.
 ORANGE PARK FL 32073**

Mailing Address

**634 BUCKINGHAM CT.
 ORANGE PARK FL 32073**

2. Principal Place of Business

3921 WINDRIDGE CT
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 61572
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3465816

Applied For

Not Applicable

Zip

32257

Country

Zip

32236

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRICE, ROBERT D
 634 BUCKINGHAM CT.
 ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **PRICE ROBERT D**
 Street Address (P.O. Box Number is Not Acceptable) **3921 WINDRIDGE CT**
 City **JACKSONVILLE** State **FL** Zip Code **32257**

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 **Robert D Price**

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

(NOTE: Registered Agent signature required when reinstating)

042602

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

TITLE **D** ☐ Delete
 NAME **PRICE, ROBERT D**
 STREET ADDRESS **634 BUCKINGHAM CT.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042602

Date

Daytime Phone #

CR2E034 (9/01)