

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084603

1. Entity Name

FS3 CORPORATION

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90069 036 ***150.00

Principal Place of Business

Mailing Address

4494 SOUTHSIDE BLVD., STE. 202
 JACKSONVILLE FL 32216

4494 SOUTHSIDE BLVD., STE. 202
 JACKSONVILLE FL 32216-5476

2. Principal Place of Business

1238 Monument Rd

3. Mailing Address

1238 Monument Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3474356

Applied For

Not Applicable

Zip

Country

32225 USA

Zip

Country

32225 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUMER, FRANK D

4494 SOUTHSIDE BLVD., STE. 202
 JACKSONVILLE FL 32216

Name

Dr. Michael Shumer

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

1238 Monument Rd

City

Jacksonville

FL

Zip Code

32225

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

M Shumer Michael Shumer

4/28/00

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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	SHUMER, FRANK D	
STREET ADDRESS	113 WILLOW POND LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	Michael Shumer	
STREET ADDRESS	1238 Monument Rd	
CITY-ST-ZIP	Jax, FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	Todd Shapiro	
STREET ADDRESS	1238 Monument Rd	
CITY-ST-ZIP	Jax, FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Roy Fouts	
STREET ADDRESS	1238 Monument Rd	
CITY-ST-ZIP	Jax, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Shumer Michael Shumer

Date

4/28/00

Daytime Phone #

904-721-2119

CR2E034 (9/99)