

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90221 002 ***150.00

00080999

DO NOT WRITE IN THIS SPACE

DOCUMENT #
P97000088198
FAHNESTOCK & ASSOCIATES, INC.

Principal Place of Business 5150 S. FLORIDA AVE., STE. 310 LAKELAND, FL 33813	Mailing Address 5150 S. FLORIDA AVE., STE. 310 LAKELAND, FL 33813
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2. Principal Place of Business 5875 HOLLYHOCK DR. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 5440 Suite, Apt. #, etc.
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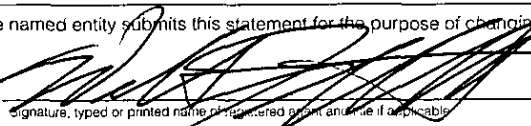
City & State LAKELAND, FL	City & State LAKELAND, FL
Zip 33813	Zip 33807-5440

4. FEI Number 59-3488056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FAHNESTOCK, WADE A.
 5150 S. FLORIDA AVE., STE. 310
 LAKELAND, FL 33813

7. Name and Address of New Registered Agent
Name **FAHNESTOCK, WADE A.**
Street Address (P.O. Box Number is Not Acceptable)
 5875 HOLLYHOCK DRIVE
City **LAKELAND** **FL** **Zip Code** **33813**

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  **WADE A. FAHNESTOCK, PRESIDENT** **4/22/00**
(Signature, typed or printed name of registered agent and true 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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WADE A. FAHNESTOCK 5150 S. FLORIDA AVE., STE. 310 LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WADE A. FAHNESTOCK 5875 HOLLYHOCK DRIVE P.O. BOX 5440 LAKELAND, FL 33807-5440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE  **WADE A. FAHNESTOCK, PRESIDENT** **4/22/00** **863-647-2524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)