

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108290

1. Entity Name

FEDDER, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90933 019 ***150.00

Principal Place of Business

267, ROBIN DRIVE
 SARASOTA FL 34236

Mailing Address

400 N. ASHLEY DRIVE
 SUITE 2300
 TAMPA FL 33602-4327

2. Principal Place of Business

1100 SOUTH TAMiami TR.

3. Mailing Address

1100 SOUTH TAMiami TR.

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0802728

Applied For

Not Applicable

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

FEDDER, DARRIN J
 267 ROBIN DR.
 SARASOTA FL 34236

Name

DARRIN J FEDDER

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

1100 SOUTH TAMiami TR.

202

City

SARASOTA,

FL

Zip Code

34236

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

4-26-00

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 ☐ Delete
 NAME D
 STREET ADDRESS FEDDER, DARRIN J
 CITY-ST-ZIP 267 ROBIN DR
 SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
 NAME DARRIN J FEDDER
 STREET ADDRESS 1100 SOUTH TAMiami TR. #202
 CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DARRIN J FEDDER President 4-26-00 944-953-7777

CR2E034 (9/99)