

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 012 ***150.00

DOCUMENT # P98000000192

1. Entity Name
FRED FELDMAN LMT, INC.

Principal Place of Business: **9099 AGINCOURT LANE JACKSONVILLE FL 32257**

Mailing Address: **9099 AGINCOURT LANE JACKSONVILLE FL 32257-5065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **12080 LAKE FERN DR**

3. Mailing Address: **12080 LAKE FERN DR**

Suite, Apt. #, etc.

City & State: **JACKSONVILLE FL**

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4. FEI Number: **59-3485376**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

Zip: **32258** Country: **USA**

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6. Name and Address of Current Registered Agent

FELDMAN, FRED
~~9099 AGINCOURT LANE~~ **12080 LAKE FERN DR**
JACKSONVILLE FL 32257 32258

7. Name and Address of New Registered Agent

Name: **FRED FELDMAN**

Street Address (P.O. Box Number is Not Acceptable):
12080 LAKE FERN DR

City: **JACKSONVILLE FL** Zip Code: **32258**

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: _____ (NOTE: Registered Agent signature required when reinstating)

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

TITLE: PD	<input checked="" type="checkbox"/> Delete
NAME: FELDMAN, FRED	
STREET ADDRESS: 9099 AGINCOURT LANE	
CITY-ST-ZIP: JACKSONVILLE FL 32257	
TITLE: VST	<input checked="" type="checkbox"/> Delete
NAME: FELDMAN, BARBARA	
STREET ADDRESS: 9099 AGINCOURT LANE	
CITY-ST-ZIP: JACKSONVILLE FL 32257	
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"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, FRED	
STREET ADDRESS: 12080 LAKE FERN DR	
CITY-ST-ZIP: JACKSONVILLE FL 32258	
TITLE: VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELDMAN, BARBARA	
STREET ADDRESS: 12080 LAKE FERN DR	
CITY-ST-ZIP: JACKSONVILLE FL 32258	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
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: SIGNATURE PROVIDED Date: 2-14-00 Daytime Phone #: 904-730-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)