

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011135

1. Entity Name

FMRS, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90021 037 \*\*\*150.00

Principal Place of Business

4382 RIDGEMOOR DRIVE  
PALM HARBOR FL 34685

Mailing Address

30227 WALFORD CT  
AGOURA HILLS CA 91301-4627

2. Principal Place of Business

Dr

3. Mailing Address

405 ST. PETERSBURG

Suite, Apt. #, etc.

STE 6

Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

Zip

34677

Country

Country

4. FEI Number

59-2379198

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

CLARK, DANA  
4382 RIDGEMOOR DRIVE  
PALM HARBOR FL 34685

Name

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

City

FL

Zip Code

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SIMON, ALAN  
4232 LAS VIRGENES RD, STE 200  
CALABASAS CA 91302 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CLARK, DANA  
4382 RIDGEWOOD DR  
PALM HARBOR FL ☐ Delete

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

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN SIMON

Date

1-31-00

Daytime Phone #

8185978331

CP20004 (9/99)