

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011135

1. Entity Name  
FMRS, INC.

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90132 039 \*\*\*150.00

Principal Place of Business

405 ST PETERSBURG DR  
SUITE 6  
OLDSMAR FL 34677

Mailing Address

30227 WALFORD CT  
AGOURA HILLS CA 91301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

CLARK, DANA  
4382 RIDGEMOOR DRIVE  
PALM HARBOR FL 34685

7. Name and Address of New/Registered Agent

Name

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

143 LAKESHORE DR

City

PALM HARBOR

FL

Zip Code

34684

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, 2001 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 P  
NAME SIMON, ALAN ☐ Delete  
STREET ADDRESS 4232 LAS VIRGENES RD, STE 200  
CITY-ST-ZIP CALABASAS CA 91302

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME ALAN SIMON  
STREET ADDRESS 30227 WALFORD CT  
CITY-ST-ZIP AGOURA HILLS CA 91301

TITLE VICE PRES ☒ Change ☐ Addition  
NAME DANA CLARK  
STREET ADDRESS 143 LAKESHORE DR  
CITY-ST-ZIP PALM HARBOR FL 34684

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

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

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

TITLE  
NAME  
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

Date

Daytime Phone #

1-17-01 818 597-1177

CR2E034 (10/00)