

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90069 034 ***150.00

0505786 AV

DOCUMENT # P98000043118

1. Entity Name

F & M CAPITAL CORPORATION

Principal Place of Business

**4224 SANCTUARY WAY
BONITA SPRINGS FL 34134**

Mailing Address

**4224 SANCTUARY WAY
BONITA SPRINGS FL 34134**

2. Principal Place of Business

389 Terracina Way
Suite, Apt. #, etc.

3. Mailing Address

389 Terracina Way
Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number

59-3509876

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PETERSEN, JOHN

**4224 SANCTUARY WAY
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Petersen, John

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

389 Terracina Way

City

Naples

FL

Zip Code

34119

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

John Petersen

John Petersen

3-29-02

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, 2002 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 **M** ☐ Delete
NAME **PETERSEN, JOHN M**
STREET ADDRESS **124 VOYAGER DRIVE**
CITY-ST-ZIP **ERIE PA 16505-5435**

TITLE **D** ☐ Delete
NAME **ZIEGLER, DOUGLAS F**
STREET ADDRESS **378 RIDGEVIEW DRIVE**
CITY-ST-ZIP **ERIE PA 16505-1043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

John Petersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Petersen

3/29/02

239 348-0205

Date

Daytime Phone #

CR2E034 (9/01)