

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046815

1. Entity Name

F B CONSULTING & INVESTMENT CORPORATION

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90038 002 ***150.00

Principal Place of Business

681 CREUSET AVE. SOUTH
LEHIGH ACRES FL 33936
US

Mailing Address

25 HOMESTEAD RD. N.
SUITE 11
LEHIGH ACRES FL 33936-6600
US

2. Principal Place of Business

3. Mailing Address

Morgan John M 302 Lee Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

City & State

City & State

Lehigh Acres

4. FEI Number

65-0861025

Applied For

Not Applicable

Zip

Country

Zip

33936

Country

USA FLORIDA

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

MORGAN, JOHN M
302 LEE BLVD., SUITE 102
LEHIGH ACRES FL 33936

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 ☐ Delete
NAME D
STREET ADDRESS HOPLITSCHKE, GEORGINE
CITY-ST-ZIP 681 CREUSET AVE. SOUTH
LEHIGH ACRES FL 33936

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

G Hoplitschke **Georgine Hoplitschke**

April 18th, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)