2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046815

Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90171 028 ***150.00

1. Entity Name
F B CONSULTING & INVESTMENT CORPORATION

11009623

Principal Place of Business	Mailing Address
681 CREUSET AVE. SOUTH	MORGAN, JOHN M
LEHIGH ACRES FL 33936	302 LEE BLVD. SUITE 102
US	LEHIGH ACRES FL 33936
	US

2. Principal Place of Business — 3. Mailing Address

Suite, Apt. #, etc — Suite, Apt. #, etc

City & State — City & State

Zip — Country — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0861025 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS — 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. Officers and Directors		11. Additions/Changes	
TITLE: D NAME: HOPLITSCHEK, GEORGINE STREET ADDRESS: 681 CREUSET AVE. SOUTH CITY-ST-ZIP: LEHIGH ACRES FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Georgine Hoplitschek Georgine Hoplitschek April 18, 2003 239-454-0572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #