2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000047837

Apr 22, 2002 8:00 AM Secretary of State

Entity Name: F&S GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 157 WOODCREEK DRIVE N SAFETY HARBOR, FL 34695 **Current Mailing Address: New Mailing Address:** 157 WOODCREEK DRIVE N SAFETY HARBOR, FL 34695 FEI Number: 59-3522165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHER, PATRICIA FISHER, PATRICIA M P/D 157 WOODCREEK DR N 157 WOODCREEK DR N SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 US 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: PATRICIA M FISHER 04/22/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FISHER, PATRICIA M FISHER, PATRICIA M P/D Name: Name: 157 WOODCREEK DRIVE N 157 WOODCREEK DRIVE N Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Title: () Delete Title: V/D () Change (X) Addition Name: Name: SEWELL, ROBERT J V/D 7743 HWY 141 Address: Address: JONESBORO, AR 72401 City-St-Zip: City-St-Zip: Title: Title: () Delete S/D () Change (X) Addition SEWELL, OBELIA A S/D Name: Name: 7743 HWY 141 Address Address: City-St-Zip: City-St-Zip: JONESBORO, AR 72401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M FISHER P/D 04/22/2002