

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90978 042 ***150.00

DOCUMENT # p 98000083548

1. Entity Name

F+S Enterprises Orange Park, Inc.



DO NOT WRITE IN THIS SPACE

11021858

2. Principal Place of Business

1045 Blending Blvd.
Suite, Apt. #, etc.
STE. 205

3. Mailing Address

3313 Dartmoor Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orange Park, FL

City & State

Tallahassee, FL

4. FEI Number

59-3537921

Applied For

Not Applicable

Zip

32065

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Gaylon Fruit

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

3313 Dartmoor Dr

City

Tallahassee

FL

Zip Code

32312

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

Gaylon Fruit

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE	<u>President/CO</u>
NAME	<u>Gaylon Fruit</u>
STREET ADDRESS	<u>3313 Dartmoor Dr.</u>
CITY-ST-ZIP	<u>Tallahassee, FL 32312</u>
TITLE	<u>CEO T/S</u>
NAME	<u>Cathy Fruit</u>
STREET ADDRESS	<u>3313 Dartmoor Dr.</u>
CITY-ST-ZIP	<u>Tallahassee, FL 32312</u>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

Gaylon Fruit 4-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)