

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-24-2002 90168 015 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000003789**

1. Entity Name

FIBER COLOR TRADING, INC.

Principal Place of Business

22 VIA DELUNA DR
 #908
 PENSACOLA BEACH FL 32561

Mailing Address

916 W DOUG GAP MTN. ROAD
 DALTON GA 30720

2. Principal Place of Business

22 VIA DELUNA DR
 Suite, Apt. #, etc.
 #908

3. Mailing Address

916 W DOUG GAP MTN. RD
 Suite, Apt. #, etc.

City & State

PENSACOLA BEACH

City & State

DALTON

Zip

32561

Country

FL

Zip

30720

Country

GA

4. FEI Number

59-2923530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
 4300 BAYOU BOULEVARD
 SUITE 13
 PENSACOLA FL 32503

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.

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PST	O'MAHONY, JERRY M	916 W. DOUG GAP MTN. RD. DALTON GA 30720	<input checked="" type="checkbox"/>
	S/T	OMAHONY, JERRY M	916 W. DOUG GAP MTN. RD. DALTON GA 30720	<input checked="" type="checkbox"/>
	PST	O'MAHONY, GERALD	916 W. DOUG GAP MTN. RD. DALTON, GA 30720	<input type="checkbox"/>
	S/T	O'MAHONY, GERALD	916 W. DOUG GAP MTN. RD. DALTON, GA 30720	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)