

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90111 032 ***150.00

DOCUMENT # P99000053845

1. Entity Name
FOP 66, INC.



Principal Place of Business
**23200 HARPER AVENUE
PORT CHARLOTTE FL 33980**

Mailing Address
**23300 HARPER AVENUE
PORT CHARLOTTE FL 33980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0924703**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOGEL, ROBERT
23300 HARPER AVENUE
PORT CHARLOTTE FL 33980**

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 11

TITLE **D** ☒ Delete
NAME **ATCHISON, WILLARD**
STREET ADDRESS **22343 MONTROSE AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ Change ☐ Addition
NAME **GEORGE LENNARTZ**
STREET ADDRESS **11644 SWEDEGRET CIR. #408**
CITY-ST-ZIP **LAKE SUZY, FL. 34266**

TITLE **DOV** ☐ Delete
NAME **BASKETFIELD, WILLIAM**
STREET ADDRESS **11330 SW ESSEX DRIVE**
CITY-ST-ZIP **LAKE SUZY FL 34266**

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

TITLE **D** ☐ Delete
NAME **BELL, ALTON**
STREET ADDRESS **24000 RAMPART BLVD 113**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

TITLE **D** ☐ Delete
NAME **CROWN, THOMAS**
STREET ADDRESS **4157 DRIVER LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

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

TITLE **DOP** ☐ Delete
NAME **VOGEL, ROBERT**
STREET ADDRESS **5101 ALMAR DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE **ST** ☐ Delete
NAME **IMHOF, MARGARET**
STREET ADDRESS **644 BLUE LANE NW**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

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:

Margaret H. G. Imhof
MARGARET H. G. IMHOF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03

Date

941-743-6616

Daytime Phone #

CR2E034 (10/02)