

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074395

1. Entity Name

FEKANY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90086 044 ***150.00

Principal Place of Business

Mailing Address

5211 BRENDA DR.
ORLANDO FL 32812

5211 BRENDA DR.
ORLANDO FL 32812

2. Principal Place of Business

1982 SR 44 #217

3. Mailing Address

1982 SR 44 #217

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW SMYRNA BEACH

City & State

NEW SMYRNA BCH, FL

Zip

Country

32168 USA

Zip

Country

32168 USA

4. FEI Number

59-3592626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEKANY, ANITA
1982 STATE RD. 44, APT. 217
NEW SMYRNA BEACH FL 32168

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, 2000 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 D
NAME FEKANY, ANITA
STREET ADDRESS 1982 STATE RD. 44, APT. 217
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Anita M. Fekany (ANITA M. FEKANY)

Date

Daytime Phone #

1-22-00

407-228-8096

CR2E034 (9/99)