

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074395

1. Entity Name  
FEKANY, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90064 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1982 SR 44 #217  
NEW SMYRNA BEACH FL 32168

1982 SR 44 #217  
NEW SMYRNA BEACH FL 32168

C0010612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5703 RED BUG LAKE RD. #137  
Suite, Apt. #, etc.

5703 RED BUG LAKE RD. #137  
Suite, Apt. #, etc.

City & State

City & State

WINTER SPRINGS, FL

WINTER SPRINGS, FL

Zip

Country

32708

USA

Zip

Country

32708

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

7. Name and Address of New Registered Agent

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

Name FEKANY, ANITA  
Street Address (P.O. Box Number is Not Acceptable)

5703 RED BUG LAKE RD. #137

City WINTER SPRINGS

FL

Zip Code 32708

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D/P  
NAME FEKANY, ANITA  
STREET ADDRESS 5703 RED BUG LAKE RD. #137  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE  
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CITY-ST-ZIP

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 1-16-01 407-696-9910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)