

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

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90161 029 ***150.00

DOCUMENT # **P99000074395**

1. Entity Name

FEKANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1112 CHEETAH TRAIL

Suite, Apt. #, etc.

3. Mailing Address

5703 RED BUG LAKE RD.

Suite, Apt. #, etc.

#137

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

59-3592626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANITA FEKANY

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

1112 CHEETAH TRAIL

City

WINTER SPRINGS

FL

Zip Code

32708

**DO NOT WRITE
IN THIS SPACE**

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 **ANITA M. FEKANY**

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

Anita M. Fekany

(NOTE: Registered Agent signature required when reinstating)

4/3/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **ANITA E. FEKANY**
STREET ADDRESS **5703 RED BUG LAKE RD. #137**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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IN THIS SPACE**

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

SIGNATURE: *Anita M. Fekany* (**ANITA M. FEKANY**) **4/3/02** **407-696-9393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)