

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90025 025 ***150.00

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DOCUMENT # P99000081404

1. Entity Name
FMC CAPITAL GROUP, INC.



Principal Place of Business
**800 LAUREL OAK DRIVE
2ND FLOOR
NAPLES FL 34108**

Mailing Address
**800 LAUREL OAK DRIVE
2ND FLOOR
NAPLES FL 34108**

2. Principal Place of Business
**5633 Strand Boulevard
Suite, Apt. #, etc.
Suite 315**

3. Mailing Address
**5633 Strand Boulevard
Suite, Apt. #, etc.
Suite 315**

City & State
Naples, FL 34110

City & State
Naples, FL 34110

4. FEI Number **59-3598089**

Applied For
Not Applicable

Zip **34110** Country **Collier**

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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

**SCHROEDER, DENNIS B
800 LAUREL OAK DRIVE
2ND FLOOR
NAPLES FL 34108**

Name
Schroeder, Dennis B.
Street Address (P.O. Box Number is Not Acceptable)
**5633 Strand Boulevard
Suite 315
City Naples FL Zip Code 34110**

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 **Dennis B. Schroeder**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4-08-03**

**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 **DCEO** ☐ Delete
NAME **SCHROEDER, DENNIS B**
STREET ADDRESS **800 LAUREL OAK DRIVE 2ND FLOOR**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
NAME ☒ **SCHROEDER, DENNIS B**
STREET ADDRESS **5633 Strand Boulevard, Suite 315**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **DST** ☐ Delete
NAME **SCHROEDER, JUDITH A**
STREET ADDRESS **800 LAUREL OAK DRIVE 2ND FLOOR**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
NAME ☒ **SCHROEDER, JUDITH A**
STREET ADDRESS **5633 Strand Boulevard, Suite 315**
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Dennis B. Schroeder** 4-08-03 239-593-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)