

2000 UNIFORM BUSINESS REPORT (UBR)

198

DOCUMENT # **099000082030**

1. Entity Name

The FORTINE Group Inc

FILED

00 DEC 28 PM 12: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1997 Dixie Belle DR Same
#Q
ORLANDO, FL 32812

2. Principal Place of Business 3. Mailing Address
1997 Dixie Belle DR 1997 Dixie Belle DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
Q Q

City & State City & State
ORLANDO, FL ORLANDO, FL
Zip Country Zip Country
32812 U.S.A. 32812 U.S.A.

4. FEI Number Applied For
65-0949785 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Stephen T Millon Esq
7685 SW 104 ST.
SUITE 200
MIAMI, FL 33156

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KELVIN JOHN 1997 DIXIE BELLE DR ORLANDO, FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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******150.00 ****150.00**

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 another like empowered.

SIGNATURE: **KELVIN JOHN** 12-26-00 4077360210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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The Fortiné Group Inc

P.O Box 574365
Orlando , Florida , 32857 ~ USA
Phone 407-736-0210 ~ Fax 305-646-0078
Email kjohn@fortune.intranets.com

12-26-00

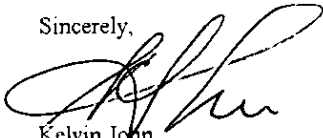
Uniform Business Report
Division of Corporations
P.O Box 1500
Tallahassee , FL 32302-1500

Attn: Reinstatement Div.

I am submitting the Annual Report for The Fortine Group Inc with payment of \$150.00.

Your Initial notification was mailed to my previous address and returned to you.

Sincerely,



Kelvin John
President :