

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90224 014 \*\*\*150.00

**DOCUMENT # P99000088904**

1. Entity Name

**F, M AND F, INC.**

Principal Place of Business

Mailing Address

625 FAIRWOOD AVENUE, #297  
 CLEARWATER FL 33759

625 FAIRWOOD AVENUE, #297  
 CLEARWATER FL 33759-2852

2. Principal Place of Business

3. Mailing Address

**7905 NW 19th St**

**7905 NW 19th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MARGATE, FL**

**MARGATE**

4. FEI Number

**59-3600726**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33063**

**USA**

**33063**

**USA**

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

**CAPOZZI, FRANK JAMES SR**  
**625 FAIRWOOD AVENUE, #297**  
**CLEARWATER FL 33759**

Name **FRANK JAMES CAPOZZI, Sr.**

Street Address (P.O. Box Number Not Acceptable)  
**7905 NW 19th St.**

City

**MARGATE**

FL

Zip Code

**33063**

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 of individual name of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**28 APR 2000**

9. This corporation is eligible to satisfy its intangible tax filing requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP FRANK CAPOZZI SR. 7905 NW 19th St. MARGATE, FL 33063	<input type="checkbox"/>		
VP LISA CAPOZZI 7905 NW 19th St MARGATE, FL 33063	<input type="checkbox"/>		
SECRETARY THOMAS C. DEZIL 2035 PHILLIPPE AVE WY SAFETY HARBOR, FL 34695	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

CR2E034 (9/99)

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:

SIGNATURE READY TO BE PRINTED AND USED FOR FILING OFFICER OR DIRECTOR

**28 APR 2000 954 501 6479**

Date

Daytime Phone #