

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90010 017 \*\*\*558.75

**DOCUMENT #** P99000102095

**1. Entity Name**

FMI Enterprise, INC

**Principal Place of Business**

34295 HWY 98  
Lillian, AL 36549

**Mailing Address**

P O Box 6015  
Gulf Breeze, FL 32561

**2. Principal Place of Business**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**4. FEI Number**

59-3614267

**Applied For**

☐ 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

Jeff Blair  
3594 Morningtide Dr  
Gulf Breeze, FL 32561

## 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**

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

**TITLE** President ☐ Delete  
**NAME** Jeffrey L Blair  
**STREET ADDRESS** 3594 Morningtide Dr  
**CITY-ST-ZIP** Gulf Breeze, FL 32561

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/01

Date

F50 832 1058

Daytime Phone #

CR2E034 (11/00)