

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED

Sep 18, 2000 8:00 am
Secretary of State

07-07-2000 90460 017 ***150.00

DOCUMENT # P99000110266

1. Entity Name

F & P Associates, Inc.

(P)

Principal Place of Business

Mailing Address

6177 Jog Road, D-6
Lake Worth, FL. 33467

6342 Forest Hill
P.M.B. 170
W.P.B., FL. 33415

2. Principal Place of Business

6177 Jog Road
Suite, Apt. #, etc.
D-6

3. Mailing Address

6342 Forest Hill Blvd.
Suite, Apt. #, etc.
P.M.B. 170

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth Fl.

City & State

West Palm Beach Fl.

4. FEI Number

65-0978932

Applied For

Not Applicable

Zip

33467

Country

Zip

33415

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C & E Financial Services, Inc.
6342 Forest Hill Blvd.
P.M.B. 170
West Palm Beach, Fl. 33415

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, 2000 Fee will be \$450.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Patricia Lamosa	<input type="checkbox"/> Delete	V.P.
NAME	1717 Royal Forest Court		
STREET ADDRESS	West Palm Beach Fl. 33406		
CITY-ST-ZIP			
TITLE	Frank Lamosa II	<input type="checkbox"/> Delete	Pres.
NAME	1717 Royal Forest Court		
STREET ADDRESS	West Palm Beach Fl. 33406		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Frank C. Lamosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-00

Date

Daytime Phone #

CR2E034 (9/99)