

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51249

1. Entity Name

FEASINOMICS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90028 019 ***150.00

Principal Place of Business

Mailing Address

1044 CASTELLO DRIVE
 SUITE 103
 NAPLES FL 33940
 US

PO BOX
 NAPLES FL 34107
 US

2. Principal Place of Business

3. Mailing Address

5020 Tamiami Trail

Suite, Apt. #, etc.
 203

Suite, Apt. #, etc.

PO Box 770517

City & State
 Naples, FL

City & State
 Naples, FL

Zip
 34103

Country
 USA

Zip
 34107

Country
 USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOND, SCHOENECK & KING
 1167 THIRD STREET S
 NAPLES FL 33940

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 \$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

TITLE PD
 NAME TIMMERMAN, MICHAEL J
 STREET ADDRESS 6556 CHESTNUT CIRCLE
 CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

941-649-7033

CR2E034 (9/99)