

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 08:00 AM
Secretary of State

DOCUMENT # S73928

1. Entity Name
F&MP RESEARCH AND DEVELOPMENT LABORATORIES INC.

Principal Place of Business 693 NICKLAUS DRIVE MELBOURNE FL 32940	Mailing Address 693 NICKLAUS DRIVE MELBOURNE FL 32940
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 59-3085115	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

PALERMITI FRANK M
693 NICKLAUS DRIVE
APT. 309
MELBOURNE FL 32940

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 **MICHAEL F. PALERMITI**

03/27/2001

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 P	<input type="checkbox"/> Delete
NAME DALERMITI MICHAEL	
STREET ADDRESS 16222 133RD DR. N.	
CITY-ST-ZIP JUPITER FL 33478	
TITLE C	<input type="checkbox"/> Delete
NAME PALERMITI, FRANK M.	
STREET ADDRESS 693 NICKLAUS DRIVE	
CITY-ST-ZIP MELBOURNE FL 32940	
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALERMITI MICHAEL	
STREET ADDRESS 16222 133RD DR. N.	
CITY-ST-ZIP JUPITER FL 33478	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALERMITI, SARA M.	
STREET ADDRESS 693 NICKLAUS DRIVE	
CITY-ST-ZIP MELBOURNE FL 32940	
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
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: **Michael F. Palermi**

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03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)