

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S93621

1. Entity Name

FARS CORPORATION

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

01-24-2000 90051 015 ***150.00

Principal Place of Business

350 FIFTH AVENUE SOUTH
#200
NAPLES FL 33940

Mailing Address

350 FIFTH AVENUE SOUTH
#200
NAPLES FL 34102-6524

2. Principal Place of Business

5147 Castello Drive

Suite, Apt. #, etc.

3. Mailing Address

c/o Bob DiBenedetto

Suite, Apt. #, etc.

5147 Castello Drive



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0299499

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

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

NICKEL, GUDRUN M.
350 FIFTH AVENUE SOUTH
#200
NAPLES FL 33940

Name

Bob DiBenedetto

Street Address (P.O. Box Number is Not Acceptable)

Girardin, Baldwin & Associates

5147 Castello Drive

City Naples

FL

Zip Code 34103

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NICKEL, GUDRUN M.	
STREET ADDRESS	350 FIFTH AVE., S. #200	
CITY-ST-ZIP	NAPLES FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	NICKEL, GUDRUN M.	
STREET ADDRESS	350 FIFTH AVE., S. #200	
CITY-ST-ZIP	NAPLES FL	
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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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gudrun M. Nickel 1/17/2000 941-262-7718

Date

Daytime Phone #

CR2E034 (9/99)