

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90244 026 ***150.00

DOCUMENT # V06159

1. Entity Name
FMC CAPITAL MARKETS, INC.

Principal Place of Business 201 8TH STREET SOUTH #107 NAPLES FL 34102 US	Mailing Address 201 8TH STREET SOUTH #107 NAPLES FL 34102 US
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00004320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 LAUREL OAK DRIVE Suite, Apt. #, etc. # 210	3. Mailing Address 800 LAUREL OAK DRIVE Suite, Apt. #, etc. # 210
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City & State NAPLES, FL	City & State NAPLES, FL
Zip 34108	Zip 34108
Country US	Country US

4. FEI Number 65-0309085	Applied For <input type="checkbox"/> Not Applicable
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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

SCHROEDER, DENNIS B
 201 8TH STREET SOUTH
 SUITE 107
 NAPLES FL 33940

Name
SCHROEDER, DENNIS B.
 Street Address (P.O. Box Number is Not Acceptable)
800 LAUREL OAK DRIVE #210
 City
NAPLES FL Zip Code
34108

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 **Dennis B. Schroeder**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, DENNIS B 201 8TH STREET SOUTH., STE 107 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, RICH 201 8TH STREET SOUTH., STE 107 NAPLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHROEDER, JUDITH A 201 8TH STREET SOUTH., STE 107 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, JAMES D 201 8TH STREET SOUTH., STE 107 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISSAL, MARY 201 8TH STREET SOUTH., STE 107 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: **Dennis B. Schroeder**

Date **4/26/01** Daytime Phone # **941-514-2037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)