


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90040 012 ***150.00

DOCUMENT # **V06383**
1. Entity Name
FBM ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

94036704

2. Principal Place of Business
26901 HICKORY BLVD
Suite, Apt. #, etc.

3. Mailing Address
550 MONTEREY AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOWITA SPRINGS FL

City & State
PELHAM MANOR NY

4. FEI Number
65-0319829

Applied For
Not Applicable

Zip
33923-8306

Country
USA

Zip
10803

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SHENKO, JR WILLIAM E.

Street Address (P.O. Box Number is Not Acceptable)
1661 ESTERLO BLVD

STE 24

City
FT MYERS BEACH **FL** Zip Code
33931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	DPS	TITLE	
NAME	MILITANA FRANK B	NAME	
STREET ADDRESS	550 MONTEREY AVE	STREET ADDRESS	
CITY-ST-ZIP	PELHAM MANOR NY 10803	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	MILITANA FRANK B	NAME	
STREET ADDRESS	550 MONTEREY AVE	STREET ADDRESS	
CITY-ST-ZIP	PELHAM MANOR NY 10803	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank B Militana** **FRANK B MILITANA**
Date **3-22-04** Daytime Phone # **914 738 0570**

CR2E034B (12/02)