

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54956

1. Entity Name

FEARNOW AND ASSOCIATES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90035 018 ***150.00

Principal Place of Business

Mailing Address

782 DR ML KING BLVD
SEFFNER FL 33584
US

782 DR ML KING BLVD
SEFFNER FL 33584
US

2. Principal Place of Business

3. Mailing Address

782 DR. M.L.K. BLVD
Suite, Apt. #, etc.

782 DR. M.L.K. BLVD
Suite, Apt. #, etc.

City & State

City & State

SEFFNER, FLA

SEFFNER, FLA

Zip

Zip

33584

33584

County

County

Hubbard

Hubbard

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEARNOW, SUSAN E.
788 DR. M.L. KING BLVD.
SEFFNER FL 33584

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	D	<input type="checkbox"/> Delete
NAME	FEARNOW, SUSAN E.	
STREET ADDRESS	2910 BEAGLE PLACE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEARNOW, KENNETH W	
STREET ADDRESS	2910 BEAGLE PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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

Date

Daytime Phone #

CR2E034 (9/99)