2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90155 010 ***150.00

DOCUMENT # 262358

1. Entity Name
FOXGLOVE, INC.

Principal Place of Business	Mailing Address
1801 SOUTH SURF ROAD HOLLYWOOD FL 33019	1801 SOUTH SURF ROAD HOLLYWOOD FL 33019

U 1 4 4 4 1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1801 S. SURF RD	1801 S. SURF RD.
Suite, Apt. #, etc.: FOXGLOVE	Suite, Apt. #, etc.: FOXGLOVE
City & State: HOLLYWOOD, FLORIDA	City & State: HOLLYWOOD, FLORIDA
Zip: 33019 Country:	Zip: 33019 Country:

4. FEI Number 59-1026420 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RABEN, RICHARD
2130 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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 ____________________
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~SCARROW, EARL~~ DOROTHY MERCY 1801 SO SURF RD HOLLYWOOD FL	☒ Delete	DOROTHY MERCY 1801 S. SURF RD. HOLLYWOOD-FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LAVAT, P 1801 SOUTH SURF RD HOLLYWOOD FL	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Patricia Lavat 1/22/01 926 6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #