

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90278 013 ***150.00

DOCUMENT # M94358

1. Entity Name
FOREMOST ENTERPRISES, INC.



Principal Place of Business
C/O LAURENCE R. MERVIS
6662 N.W. 44TH ST
SUNRISE FL 33331

Mailing Address
C/O LAURENCE R. MERVIS
6662 N.W. 44TH ST
SUNRISE FL 33351



2. Principal Place of Business
6406 N. University Dr.
Suite, Apt. #, etc.

3. Mailing Address
6406 N. University Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tamarac, Florida 33321

City & State
Tamarac Florida 33321

4. FEI Number
65-0068165

Applied For
Not Applicable

Zip Country

Zip Country

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

MERVIS, LAURENCE R.
~~**6662 N.W. 44TH STREET**~~ **6406 N. University Dr.**
~~**SUNRISE FL 33351**~~ **Tamarac, Florida 33321**

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME SHARTLE, JILL W.	
STREET ADDRESS 5351 64TH WAY	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE VD	<input type="checkbox"/> Delete
NAME MERVIS, LAURENCE R.	
STREET ADDRESS 4080 NW 83 LANE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE STD	<input type="checkbox"/> Delete
NAME MERVIS, LOIS R.	
STREET ADDRESS 4080 NW 83 LANE	
CITY-ST-ZIP CORAL SPRINGS 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	

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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laurence R. Mervis* **Laurence R. Mervis 4-23-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VP**

Date **954721 # 3337**

CR2E034 (10/02)