

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90437 015 ***150.00

B0100686

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000041711**

1. Entity Name
FOYER, INC. ✓

Principal Place of Business: **1373 SPERLING LANE NAPLES, FL 34103**
 Mailing Address: **SAME**

2. Principal Place of Business: **1373 SPERLING LN.**
 Suite, Apt. #, etc.

3. Mailing Address: **1373 SPERLING LN**
 Suite, Apt. #, etc.

City & State: **NAPLES FL** City & State: **NAPLES FL**

Zip: **34103** Country: **USA** Zip: **34103** Country: **USA**

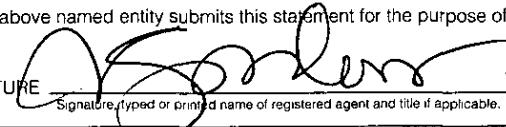
4. FEI Number: **59-3522225** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
CHERNOFF, HOLLY B ESQ.
2335 TAMiami TR N, STE 409
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name: **NANCY GORDON**
 Street Address (P.O. Box Number is Not Acceptable): **1373 SPERLING LANE**
 City: **NAPLES** State: **FL** Zip: **34103**

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:  DATE: **4-30-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NANCY GORDON	
STREET ADDRESS	1373 SPERLING LN	
CITY-ST-ZIP	NAPLES, FL 34103	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:  DATE: **4-30-00** Daytime Phone #: **941-263-9502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)