

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 266981

1. Entity Name

FOUNDATION SERVICES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90115 046 ***150.00

Principal Place of Business

5011 BATTEN PLACE
P.O. BOX 590026
ORLANDO FL 32809

Mailing Address

5011 BATTEN PLACE
P.O. BOX 590026
ORLANDO FL 32809

2. Principal Place of Business

116 Kennison Drive

Suite, Apt. #, etc.

3. Mailing Address

116 Kennison Drive

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-1004551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, M.W. JR.
105 E ROBINSON ST
SUITE 201
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

14 E. WASHINGTON STREET
Suite 600

City

ORLANDO

FL

Zip Code

32801-2355

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

TITLE ☐ Delete

NAME
D
TRIPP, LYNNE B
STREET ADDRESS
9209 OAKIS VERDE DR
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Delete

NAME
STD
TRIPP, LYNNE B
STREET ADDRESS
9209 PALOS VERDE DR
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Delete

NAME
PC
TRIPP, LYNNE B
STREET ADDRESS
9209 PALOS VERDE DR
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
116 Kennison Drive
STREET ADDRESS
Orlando, FL 32801
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
116 Kennison Drive
STREET ADDRESS
Orlando, FL 32801
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
116 Kennison Drive
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Orlando, FL 32801
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Lynne B. Tripp

4/26/01

(407) 898-5622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)