

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 332574**

1. Entity Name

FOSTON PRODUCTS, INC.**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90028 031 ***150.00

Principal Place of Business

**149 S. WOODLAND
P. O. BOX 771006
WINTER GARDEN FL 34777-1006
US**

Mailing Address

**149 S. WOODLAND
P. O. BOX 771006
WINTER GARDEN FL 34777-1006
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1388591**

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****HINSON, WILLIAM H.
150 TEMPLE GROVE DRIVE
WINTER GARDEN FL 34787**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HINSON, WILLIAM H	150 TEMPLE GROVE DR.	WINTER GARDEN FL				
VD	HINSON, JEFFREY C	246 HARBOR COURT	WINTER GARDEN FL				
ST	HINSON, JEANNE B	150 TEMPLE GROVE DR.	WINTER GARDEN FL				

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:

William H. Hinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Hinson

04/26/01

Date

407 656-4700

Daytime Phone #

CR2E034 (10/00)