

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90304 028 ***150.00

DOCUMENT # 332574

1. Entity Name

FOSTON PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

80017509

2. Principal Place of Business

150 Temple Grove Drive

3. Mailing Address

P.O. Box 771006

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Garden, FL

City & State

Winter Garden, FL

4. FEI Number

59-1388591

Applied For

Not Applicable

Zip

34787

Country

Orange

Zip

34777-1006

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey C. Hinson

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

246 Harbor Court

City

Winter Garden

FL

Zip Code
34787

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PD

NAME

Jeffrey C. Hinson

STREET ADDRESS

246 Harbor Court

CITY-ST-ZIP

Winter Garden, FL 34787

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

ST

NAME

Jeanne B. Hinson

STREET ADDRESS

150 Temple Grove Drive

CITY-ST-ZIP

Winter Garden, FL 34787

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

2. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey C. Hinson, President

01/27/03

407 656-3599

Date

Daytime Phone #

CR2E034B (12/02)