2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

392513

1. Entity Name FOSCO, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90198 040 ***150.00

Principal Place of Business PO BOX 2236 PANAMA CITY FL 32402 US		Mailing Address PO BOX 2236 PANAMA CITY FL 3240 US	PO BOX 2236 Panama City FL 32402				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-1367633	Applied For Not Applicable	
Zip	Country	Zip	ip Country			8.75 Additional se Required	
	6. Name and Address of Cur	rent Registered Agent	t Registered Agent		7. Name and Address of New Registered Agent		
FOSTER, CLINTON 1520 JENKS AVE SUITE C PANAMA CITY FL 32401				Street Address (P.O. Box Number is Not Acceptable) City Lip Code			
8. The above the obligati	named entity submits this stateme ons of registered agent.				stered agent, or both, in the State of Florida. I am far	niliar with, and accept	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	00.0			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS	PD FOSTER, CLINTON E 1520 JENKS AVE, STE C	☐ Delete				☐ Change ☐ Addition	

CITY-ST-ZIP PANAMA CITY FL 32401 Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP