2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F0000000620 FOREMOST MARKETING INC. 04-11-2001 90017 008 ***150.00 Principal Place of Business Mailing Address 2336 PELLAM BLVD. 2336 PELLAM BLVD. PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 2. Principal Place of Business 3. Mailing Address 7133 SUNNYBEOOK BLUD DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 22-3552709 Applied For ENGLEWOOD ENGLEMOSD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEW Address RAND, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2336 PELLAM BLVD. PORT CHARLOTTE FL 33948 William T. RAND 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11, R2E034 (10/00 TITLE ☐ Delete TITLE RAND, WILLIAM NAME 9133 SUNDY BROWN BLUD 2336 PELLAM BLVD. STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete GALLAGHER, TIM NAME NAME **56 MEADOW LANE** STREET ADDRESS STREET ADDRESS CITY - ST-7IP RICHBORO PA 18954 CITY-ST-7IP Change TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.