

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F08120**

1. Entity Name

FOLIAGE DESIGN SYSTEMS FRANCHISE COMPANY**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90139 039 ***150.00

Principal Place of Business

Mailing Address

4496 35TH STREET
OCALA FL 32811
US4496 35TH STREET
ORLANDO FL 32811-6504
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2063208**

Applied For

Not Applicable

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

HAGOOD, JOHN S
1553 SE FT KING AVE
OCALA FL 32671

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	HAGOOD, JOHN S	1553 S.E. FT. KING AVE.	OCALA, FL 00000	C D	John S. Hagood	4496 35th St.	ORLANDO FL 32811
STD	BROOKS, W. THOMAS	206 N THIRD ST	LEESBURG FL	P	DAVID G. Liu	4496 35th St.	ORLANDO FL 32811
				VP	SUE DICKERSON	4496 35th St	ORLANDO, FL 32811

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)