## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 14, 2000 8:00 am Secretary of State DOCUMENT # F9600003451 1. Entity Name FOUNDATION EQUITY, INC. 06-14-2000 90039 048 \*\*\*150.00 Mailing Address Principal Place of Business 18160 HWY, 281 NORTH 18160 HWY, 281 NORTH **SUITE 108 BOX 167** SUITE 108 BOX 167 11000 1444 SAN ANTONIO TX 78232 SAN ANTONIO TX 78232 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-2783402 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRAIG, WARREN Street Address (P.O. Box Number is Not Acceptable) 1355 PINELLAS BAYWAY S. #21 TIERRA VERDE FL 33715 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TillE Delete TITLE CRAIG, WARREN G NAME NAME inellas STREET ADDRESS 12118 NORTH LOOP RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAN ANTONIO TX ☐ Addition Change TITLE Delete TITLE MORROW, MIKE NAME NAME STREET ADDRESS 12118 NORTH LOOP RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR