

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State
 09-15-2000 90018 013 ***558.75

DOCUMENT # **G 46871**

1. Entity Name

FOXWORTHY'S, Inc. ✓

Principal Place of Business

Mailing Address

A0078556

2. Principal Place of Business

3. Mailing Address

2430 Periwinkle

3511 Bonita Bay Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

SANibel, FL

Bonita Springs, FL

4. FEI Number

Applied For

Not Applicable

59.2314314

Zip

Country

Zip

Country

33957 USA

34134 USA

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

DIANA A. PERKINSON
17001 CAPTIVA ROAD
CAPTIVA, FL 33924

DIANA A. PERKINSON
3511 Bonita Bay Blvd.

Bonita Springs FL 34134

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 **Diana A. Perkinson, Pres.** **9/12/2000**
 Signature, typed or printed name of registered agent and date of filing (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. 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 **P, S, T, D** ☐ Delete
 NAME **DIANA A. PERKINSON**
 STREET ADDRESS **17001 CAPTIVA ROAD**
 CITY-ST-ZIP **CAPTIVA, FL 33924**

TITLE **P, S, T, D** ☒ Change ☐ Addition
 NAME **DIANA A. PERKINSON**
 STREET ADDRESS **3511 Bonita Bay Blvd.**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE: **Diana A. Perkinson, Pres.** **9/12/2000 941-992-2223**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)