

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G91325** **AMENDED**

1. Entity Name
Footer's, Inc.

Principal Place of Business
**120 RAILROAD AVE.
OSTEEN, FL. 32764**

Mailing Address
**P.O. Box 7
OSTEEN, FL.
32764**

FILED
00 JUL -7 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-2450901

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TAYLOR, CLIFTON I., SR.
120 RAILROAD AVE.
OSTEEN, FL. 32764**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number)
City

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**
*****61.25 *****61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS T TAYLOR, CLIFTON I. SR. 120 RAILROAD AVE./P.O. Box 7 OSTEEN, FL. 32764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bloodsworth, Louis 120 RAILROAD AVE./P.O. Box 7 OSTEEN, FL. 32764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/S/T/D TAYLOR, CLIFTON I., SR. 120 RAILROAD AVE., P.O. Box 7 OSTEEN, FL. 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Clifton I. Taylor**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/00 **407-330-1715**
Date Daytime Phone #

CR2E034 (9/99)