

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17245

1. Entity Name
FOLLOWTHRU, INCORPORATED

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90061 008 ***150.00

Principal Place of Business
701 ENTERPRISE RD E. #301
SAFETY HARBOR FL 34695

Mailing Address
701 ENTERPRISE RD E. #301
SAFETY HARBOR FL 34695



NEW ADDRESS

Followthru, Inc.
701 enterprise rd. east #502
safety harbor, fl 34695

NEW ADDRESS

Followthru, Inc.
701 enterprise rd. east #502
safety harbor, fl 34695

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2436848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, WILLIAM J
2879 SABAL SPRING CIRCLE
#E-205
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

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, 2002 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 PD
NAME CAMPBELL, WILLIAM J.
STREET ADDRESS 2879 SABAL SPNG CIR E205
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE STD
NAME CAMPBELL, JEAN E.
STREET ADDRESS 2879 SABAL SPNG CIR E205
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/01)

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 Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Campbell 1/22/02
Date Daytime Phone #