

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90998 025 ***158.75

034165

DOCUMENT # J77329

1. Entity Name
FOOTHILLS MINERALS, INC.

Principal Place of Business
% JACK H. BRAY
4830 W. KENNEDY BLVD. #740
TAMPA FL 33609

Mailing Address
% JACK H. BRAY
4830 W. KENNEDY BLVD. #740
TAMPA FL 33609

2. Principal Place of Business
4890 W. Kennedy Boulevard
 Suite, Apt. #, etc.
Suite #850

3. Mailing Address
4890 W. Kennedy Boulevard
 Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip **33609-1863** Country **USA**

Zip **33609-1863** Country **USA**

4. FEI Number **59-2720691**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRAY, JACK H.
4830 W. KENNEDY BLVD
SUITE 740
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4890 W. Kennedy Boulevard
Suite #850
 City **Tampa** **FL** Zip Code **33609-1863**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRAY, JACK H. 4830 W. KENNEDY BLVD., SUITE 740 TAMPA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS ROSS, SAMUEL K. 4830 W. KENNEDY BLVD, SUITE 740 TAMPA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS GREEN, DANIEL B. 4830 W. KENNEDY BLVD., SUITE 740 TAMPA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WEST, DALE A 4830 W. KENNEDY BLVD., SUITE 740 TAMPA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILKINSON, J C 4830 W KENNEDY BLVD STE 740 TAMPA FL 33609 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/S 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/T 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILKINSON, J. CURT 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863 |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel K. Ross

4-25-2001

Date

813-286-4140

Daytime Phone #

CR2E034 (10/00)