

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90146 038 ***150.00

DOCUMENT #	J93279
1. Entity Name	
FOURLICO, INC.	

Principal Place of Business	Mailing Address
16050 S TAMiami TR	16050 S TAMiami TR
SUITE 105	SUITE 105
FT. MYERS FL 33908	FT. MYERS FL 33908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0005888	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GOLDBERG, HARVEY B.
1515 BROADWAY
FORT MYERS FL 33902

7. Name and Address of New Registered Agent	
Name	ARMON BOONSOPON
Street Address (P.O. Box Number is Not Acceptable)	
16050 S. TAMiami TRAIL #105	
City	FL Zip Code 33908

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	DATE
	JAN. 22, 2002
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00	After May 1, 2002 Fee will be \$550.00	10. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
<small>(See criteria on back)</small>		Make Check Payable to Department of State		Trust Fund Contribution.		

11. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BOONSOPON, ARMON
STREET ADDRESS	16050 S TAMiami TRAIL #105
CITY-ST-ZIP	FORT MYERS FL 33908
<input type="checkbox"/> Delete	
TITLE	TS
NAME	BOONSOPON, VILAWAN
STREET ADDRESS	16050 S TAMiami TRAIL #105
CITY-ST-ZIP	FORT MYERS FL 33908
<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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	VILAWAN BOONSOPON	JAN. 7, 2002	(941) 482-1144

CR2E034 (9/01)