

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 16050 S TAMiami TR SUITE 105 FT. MYERS FL 33908	Mailing Address 16050 S TAMiami TR SUITE 105 FT. MYERS FL 33908
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0005888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 **FT. MYERS** **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 **(ARMON BOONSOPON) PRESIDENT** **JAN. 22, 2002**
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 / NAME DP BOONSOPON, ARMON	<input type="checkbox"/> Delete
STREET ADDRESS 16050 S TAMiami TRAIL #105	
CITY-ST-ZIP FORT MYERS FL 33908	
TITLE / NAME TS BOONSOPON, VILAWAN	<input type="checkbox"/> Delete
STREET ADDRESS 16050 S TAMiami TRAIL #105	
CITY-ST-ZIP FORT MYERS FL 33908	
TITLE / NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E034 (9/01)