## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 05, 2003 8:00 am Secretary of State

DOCUMENT # J96660  1. Entity Name ROGER A. FOOTE, INC.						12-03-2003	90101 009	130.00
Principal Pla 709 W. OAK ORLANDO F		Mailing Address POST OFFICE BOX 590 ORLANDO FL 32859	211		L ISBURA BUE (BUE A	1711 <b>W 4</b> 221 <b>W</b> 801JJ 8801	. PORM RIGH GOOT B	<b>0</b> (1 8181) <b>6</b> (87) 188)
2. Principal	Place of Business	3. Mailing Address	·					
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Suite, Apt	i. #, eic.	Suite, Apt. #, etc.			☐ CHEC	K HERE IF MA	KING CHANG	ES
City & State		City & State		4. FEI Number 59		-2849526 Applied For Not Applicable		
Zip	Country	Zip	Countr	у	5. Certificate of Status (	Desired [	. <b>\$8.75</b> . Fee Regu	Additional
	6. Name and Address of Curr	rent Registered Agent	- 1		7. Name and Address	of New Regist	<u> </u>	,,,ed
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FOOTE, ROGER A.		<del></del>	` <del>  </del>	Street Address (P.O. Box Number is Not Acceptable)				
	oak ridge rd. O Fl 32809		\$ 1 E	<del></del>		<del></del>		
OUTWIE	O FL 32809			0.5	· · · · · · · · · · · · · · · · · · ·		I 2	
<u> </u>	<u> </u>	- 44.		City	· -		FL Zip C	Į.
8. The above the obliga	e named entity submits this statementions of registered agent.	nt for the purpose of changing its	s registered	l office or registe	red agent; or both, in the St	ate of Florida.	l am familiar wil	th, and accept
0.01.2	<u>.</u>	ني.						i
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	TE: Registered A	Agent signature required	d when reinstating)	-,0	ATÉ -	
F Afte Make Chec	Strebue, typed or printed name of registered a FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	.00		kgent signaturé required	9. Election Camp Trust Fund Co	paign Financing	9 \$5	.00 May Be
Atte Make Chec 10.	Strebue, typed or printed name or registered a FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Department OFFICERS A	nt of State	. 11.	gent signature required	9. Election Camp	paign Financing	S S S S Add	PRS IN 11
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F Afte Make Check 10. TITLE NAME STREET ADDRESS	Strebue, typed or printed name or registered a FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Department OFFICERS A PD FOOTE, ROGER A. 2405 NORTH END ST.	nt of State	. 11. TITLE NAME - STREET. CITY:ST	ADDRESS 1-ZIP	9. Election Camp Trust Fund Co	paign Financing ntribution.	9 \$5 Add	PRS IN 11
Atte Make Check  10.  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS	PD FOOTE, ROGER A. 2405 NORTH END ST. POOTE, ROGER A. 2405 NORTH END ST.	nt of State  ND DIRECTORS  Delete	11. TITLE NAME STREET. CITY/ST TITLE NAME STREET	ADDRESS 1-ZIP	9. Election Camp Trust Fund Co	paign Financing ntribution.	S \$5 Add AND DIRECTO Change	PRS IN 11  Production Addition Addition
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Thereby certify that the information supplied with this fluing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

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