

# 2002 UNIFORM BUSINESS REPORT (UBR)

0515300 AV

DOCUMENT # J99761

1. Entity Name  
FOLEY HOLDINGS CORP.

FILED

02 MAY 30 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
P.O. BOX 2496  
SARASOTA FL 34230

Mailing Address  
P.O. BOX 2496  
SARASOTA FL 34230

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
46 N. WASHINGTON BLVD.  
Suite, Apt. #, etc.  
#1  
City & State  
SARASOTA, FLORIDA  
Zip  
34236

4. FEI Number 65-0010436  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FOLEY, JAY D.  
1330 MAIN ST  
SARASOTA FL 34236

## 7. Name and Address of New Registered Agent

Name  
PATTERSON, JOHN  
Street Address (P.O. Box Number is Not Acceptable)  
46 N. WASHINGTON BLVD., #1  
City  
SARASOTA, FLORIDA FL Zip Code  
34236

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

5/29/02

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FOLEY, JAY D.	1330 MAIN ST	SARASOTA FL	<input type="checkbox"/>
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
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	500006036915--9	-06/26/02--01024--017	****550.00 ****550.00	<input type="checkbox"/>
	500006036915--9	-06/26/02--01024--018	*****8.75 *****8.75	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

5/28/02

(941) 365 5656

Date

Daytime Phone #

CR2E034 (9/01)