

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K37692

1. Entity Name

WARREN L. FOUNTAIN & ASSOCIATES, INC

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90081 008 ***150.00

Principal Place of Business Mailing Address
%WARREN L. FOUNTAIN %WARREN L. FOUNTAIN
370 WHOOPING LOOP LN STE 1116 370 WHOOPING LOOP LN STE 1116
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business 3. Mailing Address
Fountain & Associates **Fountain & Associates**
Suite, Apt. #, etc. Suite, Apt. #, etc.
370 Centerpointe Circle Ste 1116 **370 Centerpointe Circle Ste 1116**
Altamonte Springs, FL 32701 **Altamonte Springs, FL 32701**



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2915335 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FOUNTAIN, WARREN L. Name
370 WHOOPING LOOP LN Street Address (P.O. Box Number is Not Acceptable)
SUITE 1116
ALTAMONTE SPRINGS FL 32701 City FL Zip Code

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 *Warren L. Fountain*
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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, WARREN L.		NAME	FOUNTAIN, WARREN L.	
STREET ADDRESS	2088 GOLDEN ARM RD.		STREET ADDRESS	8407 FOXWORTH CIR.	
CITY-ST-ZIP	DELTONA FL		CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete	TITLE	FOUNTAIN, MICHAEL W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, MICHAEL W.		NAME	8373 TIBET-BUTLER BLVD.	
STREET ADDRESS	1320 GEORGIA BLVD.		STREET ADDRESS	ORLANDO, FL 32786	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 *Warren L. Fountain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WARREN L. FOUNTAIN

3/23/01 407 830-6214
Date Daytime Phone #

CR2E034 (10/00)