

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90037 037 \*\*\*150.00

**DOCUMENT # K37692**

1. Entity Name

**WARREN L. FOUNTAIN & ASSOCIATES, INC**

Principal Place of Business

Mailing Address

**FOUNTAIN & ASSOCIATES**  
**370 CENTERPEICE/CIRCLE STE 1116**  
**ALTAMONTE SPRINGS FL 32701**

**FOUNTAIN & ASSOCIATES**  
**370 CENTERPEICE CIRCLE STE 1116**  
**ALTAMONTE SPRINGS FL 32701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**370 CENTER POINTE CIR.**

Suite, Apt. #, etc.

**1116**

Suite, Apt. #, etc.

City & State  
**ALT. SPGS, FL**

City & State

4. FEI Number

**59-2915335**

Applied For

Not Applicable

Zip  
**32701**

Country  
**Seminole**

Zip

Country

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.**  
**370 WHOOPING LOOP LN**  
**SUITE 1116**  
**ALTAMONTE SPRINGS FL 32701**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**FOUNTAIN, WARREN L.**  
**8407 FOXWORTH CIRCLE**  
**ORLANDO FL 32819** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**FOUNTAIN, MICHAEL W.**  
**8373 TIBET-BUTLER BLVD**  
**ORLANDO FL 34786** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: **Warren L. Fountain President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WARREN L. FOUNTAIN President**

Date

Daytime Phone #

CR2E034 (9/01)