

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008780

1. Entity Name

FOUNTAIN ENTERPRISES, LLC

Principal Place of Business

~~2175 KINGSLEY AVE., STE 104~~
~~ORANGE PARK FL 32067-2909~~

Mailing Address

~~PO BOX 2909~~ P.O. BOX 1296
ORANGE PARK FL 32067-2909 1296

FILED

01 JUN -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5472 SYLVAN CT.

3. Mailing Address

P.O. BOX 1296

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

59-3659349

Applied For

Not Applicable

Zip

32065-

Country

CLAY

Zip

32067-1296

Country

CLAY

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, TERRY L

~~2175 KINGSLEY AVE., STE 104~~
~~ORANGE PARK FL 32067-2909~~

7. Name and Address of New Registered Agent

Name

TERRY L. FOUNTAIN

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

5472 SYLVAN CT.

City

ORANGE PARK,

FL

Zip Code

32065-7242

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

Terry L. Fountain

TERRY L. FOUNTAIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MANAGER ☐ Delete
NAME TERRY L. FOUNTAIN
STREET ADDRESS 5472 SYLVAN CT.
CITY-ST-ZIP ORANGE PARK, FL 32065-7242

TITLE MEMBER ☐ Delete
NAME HARLEY D. FOUNTAIN
STREET ADDRESS 5472 SYLVAN CT.
CITY-ST-ZIP ORANGE PARK, FL 32065-7242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

④ Sorry - I filled in #9 BEFORE reading directions
Members ARE THE SAME - NO Deletions

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Terry L. Fountain

TERRY L. FOUNTAIN

(904) 315-1952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)