

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000390

1. Entity Name
TIMOTHY FOSTER, PH.D., L.C.

00 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2189 CLEVELAND ST., SUITE 210
CLEARWATER FL 33765

Mailing Address
2189 CLEVELAND ST., SUITE 210
CLEARWATER FL 33765-3213

2. Principal Place of Business
2189 CLEVELAND ST.

3. Mailing Address
2189 CLEVELAND ST

Suite, Apt. #, etc.
SUITE 206

Suite, Apt. #, etc.
SUITE 206

City & State
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33765

Country
USA

Zip
33765

Country
USA

4. FEI Number
59-3552987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOSTER, TIMOTHY PH.D.
2189 CLEVELAND ST., SUITE 210
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name TIM FOSTER PHD
Street Address (P.O. Box Number is Not Acceptable)
2189 CLEVELAND ST
SUITE 206
City CLEARWATER FL Zip Code 33765

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM, FOSTER, TIM
STREET ADDRESS 2189 CLEVELAND ST., SUITE 210
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
NAME 200003249252--0
STREET ADDRESS -05/11/00--01114--007
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/25/00

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