

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78466

1. Entity Name

FOSSITT GROUNDWORK, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90156 001 *****8.75

03-07-2000 90156 002 ***150.00

Principal Place of Business

Mailing Address

4640 ORANGE BLVD
LAKE MONROE FL 32747
US

P O BOX 470639
LAKE MONROE FL 32747-0639
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2946039

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

FOSSITT, WILLIE L.
1500 NORTH OREGON AVENUE
SANFORD FL 32771

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, 2000 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	FOSSITT, WILLIE L.	1500 NORTH OREGON AVENUE	SANFORD FL 32771	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	FOSSITT, LORENE F.	1500 NORTH OREGON AVENUE	SANFORD FL 32771	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	CLAYTON, NIKKI M.	499 BROADVIEW AVENUE	WINTER PARK FL 32789	<input type="checkbox"/>	VD	Clayton, Nikki M.	35048 Shady Oaks Lane	Fruitland Park, FL 34731	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<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: *Lorene F. Fossitt* Lorene F. Fossitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00 407-324-1106

Date

Daytime Phone #

CR2E034 (9/99)