

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90048 043 ***158.75

UBR 12/03 AI

DOCUMENT # M78466

1. Entity Name

FOSSITT GROUNDWORK, INC.

Principal Place of Business

**4640 ORANGE BLVD
 LAKE MONROE FL 32747
 US**

Mailing Address

**P O BOX 470639
 LAKE MONROE FL 32747-639
 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)

1500 North Oregon Street *

City

Sanford

FL

Zip Code
32771

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 **PO**
 STREET ADDRESS **FOSSITT, WILLIE L.**
 CITY-ST-ZIP **1500 NORTH OREGON AVENUE
 SANFORD FL 32771** ☐ Delete

TITLE
 NAME **XX**Change ☐ Addition
 STREET ADDRESS **1500 North Oregon Street***
 CITY-ST-ZIP

TITLE
 NAME **STD**
 STREET ADDRESS **FOSSITT, LORENE F.**
 CITY-ST-ZIP **1500 NORTH OREGON AVENUE
 SANFORD FL 32771** ☐ Delete

TITLE
 NAME **XX**Change ☐ Addition
 STREET ADDRESS **1500 North Oregon Street***
 CITY-ST-ZIP

TITLE
 NAME **VD**
 STREET ADDRESS **CLAYTON, NIKKI M.**
 CITY-ST-ZIP **35048 SHADY OAKS LANE
 FRUITLAND PARK FL 34731** ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
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 STREET ADDRESS
 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: Lorene F. Fossitt LORENE F. FOSSITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

407-324-1106

Daytime Phone #

CR2E034 (9/01)