

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006067

1. Entity Name

THE FOOT SOLDIERS, INC.

Principal Place of Business

3001 S.W. 64TH TERRACE
MIRAMAR FL 33023

Mailing Address

PO BOX 472052
MIAMI FL 33147
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0717795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESESNE, TONY C
3001 S.W. 64TH TERRACE
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LESESNE, TONY C
STREET ADDRESS 3001 S.W. 64TH TERRACE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Delete
NAME ~~HESTER, BILLY~~
STREET ADDRESS 2343 NW 52 ST
CITY-ST-ZIP MIRAMAR FL 33142

TITLE D ☐ Delete
NAME LESESNE, GLENDA WOOD
STREET ADDRESS 3001 S.W. 64TH TERRACE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Delete
NAME HICKS, KEVIN
STREET ADDRESS 15143 N3 6TH AVE
CITY-ST-ZIP MIRAMAR FL 33162

TITLE D ☐ Delete
NAME SWABY, MICHELLE
STREET ADDRESS 8720 SHERMAN CIR., #101
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME *HESTER, Billy*
STREET ADDRESS *2343 N.W. 52 St*
CITY-ST-ZIP *MIAMI, FL 33142* *City*

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 305-634-5872

00052913



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)