

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90102 023 \*\*\*150.00

**DOCUMENT # P00000043253**

1. Entity Name  
**JOHN & JANE FOSTER, INC.**

Principal Place of Business      Mailing Address  
**1050 RIVERSIDE AVENUE**      **POST OFFICE BOX 4550**  
**JACKSONVILLE FL 32201**      **JACKSONVILLE FL 32201**

**00017927**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**701 Fisk Street**      **701 Fisk Street**

Suite, Apt. #, etc.  
**110**      Suite, Apt. #, etc.  
**110**

City & State      City & State  
**Jacksonville, Florida**      **Jacksonville, FL**

4. FEI Number      Applied For  
**59-3648815**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**32204**      **USA**      **32204**      **USA**           

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**YONG, FRANK J**  
**1050 RIVERSIDE AVENUE**  
**JACKSONVILLE FL 32201**

Name  
 Street Address (R.F.D. Box Number is Not Acceptable)  
**701 Fisk Street, Suite 110**  
 City      State      Zip Code  
**Jacksonville**      **FL**      **32204**

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: (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, 2001 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	<b>D/P/S/T</b> <b>John Foster, Sr.</b> <input type="checkbox"/> Delete <b>701 Fisk Street, Suite 110</b> <b>Jacksonville, FL 32204</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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: **John Foster, president**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)