

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073486

1. Entity Name

FOLIO WEALTH MANAGEMENT, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90141 039 ***150.00

0003616 AT

Principal Place of Business

205 N. JOANNA AVE.
TAVARES FL 32778

Mailing Address

205 N. JOANNA AVE.
TAVARES FL 32778

2. Principal Place of Business

10624 Lake Ralph Dr.

3. Mailing Address

10624 Lake Ralph Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clermont, FL

City & State

Clermont FL

4. FEI Number

59-3670556

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired

☐

\$8.75: Additional Fee Required

6. Name and Address of Current Registered Agent

BOSCO, KRISTINE
1448 W BUSCH BLVD
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10624 Lake Ralph Dr.

Clermont, FL

FL

Zip Code 34711

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

K Bosco

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

(NOTE: Registered Agent signature required when reinstating)

2/4/02

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

TITLE D ☐ Delete
NAME BOSCO, KRISTINE
STREET ADDRESS 205 N. JOANNA AVE.
CITY - ST - ZIP TAVARES FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME BOSCO, KRISTINE
STREET ADDRESS 10624 Lk Ralph Dr
CITY - ST - ZIP Clermont FL 34711

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

K Bosco SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 352-343-2700

Date

Daytime Phone #

CR2E034 (9/01)