

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90113 002 ***150.00

DOCUMENT # P00000073486

1. Entity Name

FOLIO WEALTH MANAGEMENT, INC.



Principal Place of Business

**10624 LAKE RALPH DR.
CLERMONT FL 34711
US**

Mailing Address

**10624 LAKE RALPH DR.
CLERMONT FL 34711
US**

40003484



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

14229 US HIGHWAY 441
Suite, Apt. #, etc.

3. Mailing Address

14229 US HIGHWAY 441
Suite, Apt. #, etc.

City & State

TAVARES FLORIDA

City & State

TAVARES FLORIDA

Zip

32778

Country

USA

Zip

32778

Country

USA

4. FEI Number

59-3670556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

*** BOSCO, KRISTINE**

**10624 LAKE RALPH DR.
CLERMONT FL 34711**

*** NAME CHANGE DUE
TO MARRIAGE**

7. Name and Address of New Registered Agent

O'BRIEN, KRISTINE

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

14229 US HIGHWAY 441

City **TAVARES**

FL

Zip Code

32778

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **KOBrien**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BOSCO, KRISTINE** ☐ Delete
STREET ADDRESS **10624 LAKE RALPH DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **O'BRIEN, KRISTINE**
STREET ADDRESS **14229 US HIGHWAY 441**
CITY-ST-ZIP **TAVARES, FL 32778** ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

CR2E034 (10/02)

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 607, 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: **KOBrien**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02 352-343-2700

Date

Daytime Phone #

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Attachment

(STATE FILE NUMBER)

CFN 2002030496
Bk 02088 Pg 0251; (1pg)
DATE: 03/21/2002 03:30:55 PM
JAMES C. WATKINS, CLERK OF COURT
LAKE COUNTY
RECORDING FEES 0.00

2002 ML 000189

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) TIMOTHY PATRICK O'BRIEN SR		2. DATE OF BIRTH (Month, Day, Year) 11/23/1973	
3a. RESIDENCE - CITY, TOWN, OR LOCATION CLERMONT	3b. COUNTY LAKE	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) MA
5a. BRIDE'S NAME (First, Middle, Last) KRISTINE BOSCO		5b. MAIDEN SURNAME (If different)	
7a. RESIDENCE - CITY, TOWN, OR LOCATION CLERMONT	7b. COUNTY LAKE	7c. STATE FL	6. DATE OF BIRTH (Month, Day, Year) 09/13/1972
		8. BIRTHPLACE (State or Foreign Country) NY	
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (Use black ink) February 11, 2002	
11. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT		12. SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) February 11, 2002	
15. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT		16. SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. <i>[Signature]</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE LAKE	18. DATE LICENSE ISSUED 02/11/2002	18a. DATE LICENSE EFFECTIVE 02/11/2002 <i>[initials]</i>	19. EXPIRATION DATE 04/12/2002
20a. SIGNATURE OF COURT CLERK OR JUDGE JAMES C. WATKINS		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C. <i>[Signature]</i>
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 3/16/02	22. CITY, TOWN, OR LOCATION OF MARRIAGE Tampa, FL 33613 St. Mary Catholic Church		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Of person performing ceremony) 1520 N. Blvd.	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Rev. Robert F. Morris Catholic Priest		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

STATE OF FLORIDA, COUNTY OF LAKE
I HEREBY CERTIFY that the above and fore-
going is a true copy of the original filed in
this office.

JAMES C. WATKINS, Clerk Circuit Court

By *[Signature]* Deputy Clerk

Dated 3/22/02

