

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0425154

DOCUMENT # P00000074842

1. Entity Name

F.M.S. FOSTER, INC.

05-17-2001 91298 009 ***150.00

Principal Place of Business

**680 LIMETREE DRIVE
 OLDSMAR FL 34677**

Mailing Address

**680 LIMETREE DRIVE
 OLDSMAR FL 34677**

2. Principal Place of Business

608 Limetree Drive

Suite, Apt. #, etc.

Oldsmar, FL

City & State

3. Mailing Address

608 Limetree Drive

Suite, Apt. #, etc.

City & State

Oldsmar FL

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

6. Name and Address of Current Registered Agent

**FOSTER, FRAN
 680 LIMETREE DRIVE
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

Foster, Fran

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

608 Limetree Drive

City

Oldsmar

FL

Zip Code

34677

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, 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

TITLE **D** ☐ Delete
 NAME **FOSTER, FRAN**
 STREET ADDRESS **680 LIMETREE DRIVE**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
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 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 **Foster, Fran**
 STREET ADDRESS **608 Limetree Dr.**
 CITY-ST-ZIP **Oldsmar, FL 34677**

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

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

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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 **Fran Stolz Foster** **Fran Stolz Foster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

813-818-7069

Daytime Phone #

CR2E034 (10/00)