

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082001

1. Entity Name
FOLIAGE TRANSPORT NETWORK, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90035 037 ***150.00

Principal Place of Business 48 E. MAIN ST. APOPKA FL 32703	Mailing Address 48 E. MAIN ST. APOPKA FL 32703
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2. Principal Place of Business 5101 WESLEY RD	3. Mailing Address P.O. Box 4068
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ZELLWOOD, FL	City & State APOPKA, FL
Zip 32798	Zip 32704
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, RAYMOND A
48 E. MAIN ST.
APOPKA FL 32703

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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PRESIDENT / SECRETARY / DIRECTOR	<input type="checkbox"/> Delete
NAME RICHARD W. BURKS	
STREET ADDRESS 3 CANTERCLIFF CT	
CITY-ST-ZIP DEBARY, FL 32704	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME LEE FRUTH	
STREET ADDRESS 6806 SAWMILL BLVD	
CITY-ST-ZIP OCFEE, FL 34761	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard W. Burks* **RICHARD W. BURKS** **PRESIDENT** **4-27-01** **407 889-5535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)