

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90471 018 ***150.00

DOCUMENT # P00000099863

1. Entity Name

AMERI-FOAM, INC.

Principal Place of Business

**9835 LITHIA PINECREST RD
LITHIA FL 33547**

Mailing Address

**9835 LITHIA PINECREST RD
LITHIA FL 33547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 904

City & State

City & State

Lithia FL

4. FEI Number

59-3681482

Applied For

Not Applicable

Zip

Country

Zip

Country

33547

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOBSON, PETER J ESQ
606 E MADISON ST
TAMPA FL 33602**

Name

Brenda L Crawford

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

9835 Lithia Pinecrest Rd

City

Lithia

FL

Zip Code

33547

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

Brenda L Crawford

Signature, typed or printed name of registered agent and title, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CRAWFORD, BRENDA**
CITY-ST-ZIP **9835 LITHIA PINECREST RD
LITHIA FL 33547**

TITLE ☒ Change ☐ Addition
NAME **P/D/T/S
Brenda Crawford**
STREET ADDRESS **9835 Lithia Pinecrest Rd**
CITY-ST-ZIP **Lithia FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V/T/D
Mary Ann Buchmeier**
STREET ADDRESS **112 Williams St**
CITY-ST-ZIP **Port Orange FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Brenda L Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)