## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State P00000108996 **DOCUMENT #** 1. Entity Name 05-15-2002 90009 035 \*\*\*150.00 FOUNDRY DM, INC. Mailing Address Principal Place of Business 1384 NORTH NOVA ROAD 1384 NORTH NOVA ROAD HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address 1000 S. PENINSULA DR. 000 S. PENINSULA DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3685285 Not Applicable IRYTONA DAYTONA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARTY, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 1000 S PENINSULA DRIVE DAYTONA BEACH FL 32118 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CHAIRMAN TITLE Delete TITLE LOWELL TURCOTTE, JR. IARTY, MARTHA J NAME NAME 172 CARIB DRIVE ORMOND BEACH, FLORIDA 32176 STREET ADDRESS 1384 NORTH NOVA ROAD STREET ADDRESS CITY-ST-ZIP OLLY HILL FL 32117 CITY-ST-ZIP ☐ Delete TITLE TITI F NAME iarty, William H NAME STREET ADDRESS 1000 S PENINSULA DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP ☐ Change = ☐ Addition Delete 🗖 مست TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapted or on an extendment with an address with all other like progress.

FILED

SIGNATURE: