

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90571 029 ***150.00

DOCUMENT # P01000013977

1. Entity Name
COMBEE FOAM PRODUCTS, INC.

Principal Place of Business

**1019 TRAINGLE STREET
 LAKELAND FL 33805-3523**

Mailing Address

**1019 TRAINGLE STREET
 LAKELAND FL 33805-3523**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3700222

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COMBEE, KEITH
 1019 TRAINGLE STREET
 LAKELAND FL 33805-3523**

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

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, 2002 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 PD
NAME COMBEE, B. KEITH
STREET ADDRESS 1019 TRAINGLE STREET
CITY-ST-ZIP LAKELAND FL 33805-3523



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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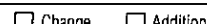


TITLE
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STREET ADDRESS
CITY-ST-ZIP

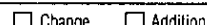


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

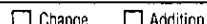
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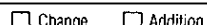
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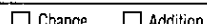
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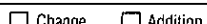
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

863 682-5703
 Daytime Phone #

CR2E034 (9/01)