

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-14-2002 90049 033 ***150.00

DOCUMENT # P01000020719

1. Entity Name
FODEN CONSTRUCTION, INC.

Principal Place of Business

3437 WESTVIEW DR.
 NAPLES FL 34104

Mailing Address

3437 WESTVIEW DR.
 NAPLES FL 34104

94963

4110 Enterprise Avenue #213, Naples 34104

2. Principal Place of Business

4110 Enterprise Avenue

3. Mailing Address

SAME

Suite, Apt. #, etc.

213

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34104

Country

Collier

Zip

Country

4. FEI Number

65-1084156-

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDWARDS, DIAN M
1842 40TH TERR. SW
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name **RICHARD A. FODEN**

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

4110 Enterprise Avenue

Naples Florida

City

FL

Zip Code

34104

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

Richard Foden **Residence** **4/22/02**

Signature, typed or printed name of registered agent and file 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. ☐

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 **President** ☐ Delete
 NAME **Richard Foden**
 STREET ADDRESS **4110 Enterprise Ave #213 Naples**
 CITY-ST-ZIP **34104**

TITLE **Vice President** ☐ Delete
 NAME **Ruth Kavanagh**
 STREET ADDRESS **4110 Enterprise Ave #213 Naples**
 CITY-ST-ZIP **34104**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)