

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90163 012 ***150.00

DOCUMENT # P01000024716

1. Entity Name

FOAM, INC.

Principal Place of Business

8725 BENCH DRIVE
 SUITE 6
 PORT RICHEY FL 34668

Mailing Address

8725 BENCH DRIVE
 SUITE 6
 PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

P.O. Box 1155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Richey, FL

4. FEI Number

59-3710698

Applied For

Not Applicable

Zip

Country

Zip

Country

34668-1155

U.S.A.

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME DIVICCARO, MARK G
 STREET ADDRESS 8725 BENCH DRIVE
 CITY-ST-ZIP PORT RICHEY FL 34668

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

TITLE VSTD
 NAME DIVICCARO, JOSEPH A
 STREET ADDRESS 8725 BENCH DRIVE
 CITY-ST-ZIP PORT RICHEY FL 34668

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

Change

Addition

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:

MARK G. DIVICCARO PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 727-841-6934
 Date Daytime Phone #

CR2E034 (9/01)