

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90188 015 ***150.00

DOCUMENT # P02000067206

1. Entity Name

JOHN J. FOLEY & ASSOCIATES, INC.



Principal Place of Business
3221 GRENADINE COURT
TAVARES FL 32778

Mailing Address
3221 GRENADINE COURT
TAVARES FL 32778

10047586



2. Principal Place of Business

3221 GRENADINE CT.

3. Mailing Address

3221 GRENADINE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAVARES, FL

City & State

TAVARES FL

4. FEI Number

52-2373472

Applied For

Not Applicable

Zip

32778

Country

U.S.A.

Zip

32778

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOLEY, JOHN J
3221 GRENADINE COURT
TAVARES FL 32778

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOHN J. FOLEY

(NOTE: Registered Agent signature required when reinstating)

3-24-03

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D PRESIDENT
NAME: FOLEY, JOHN J
STREET ADDRESS: 3221 GRENADINE COURT
CITY-ST-ZIP: TAVARES FL 32778

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

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12. 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JOHN J. FOLEY

President

352-343-1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)