

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010678

1. Entity Name

CERTIFIED FOUNDATIONS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90042 038 \*\*\*150.00

Principal Place of Business

Mailing Address

921 SHADOW DRIVE  
SUITE 10  
LAKELAND FL 33809  
US

P.O. BOX 91687  
LAKELAND FL 33804-1687

2. Principal Place of Business

3. Mailing Address

1306 Banana Road

1306 Banana Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33810

Country

USA

Zip

33810

Country

USA

4. FEI Number

59-3164180

Applied For

Not Applicable

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

COLLIER, LEWIS G.  
6415 GREEN ROAD  
LAKELAND FL 33810

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	COLLIER, JOANN	
STREET ADDRESS	6415 GREEN RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLLIER, LEWIS G.	
STREET ADDRESS	6415 GREEN ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAKE, ROBERT N	
STREET ADDRESS	4171 MALLARD DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lewis G. Collier*

Date

4-5-00 863-859-3889

Daytime Phone #

CR2E034 (9/99)