

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90118 024 ***150.00

DOCUMENT # P93000025358

1. Entity Name

FOXHOLE CONSULTING, INC.

Principal Place of Business

**14032 ELLESMERE DR.
TAMPA FL 33624**

Mailing Address

**14032 ELLESMERE DR.
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3177094

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

**BAGNALL, CLIFFORD F
14032 ELLESMERE DR.
TAMPA FL 33624**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
NAME **BAGNALL, CLIFFORD F**
STREET ADDRESS **14032 ELLESMERE DR.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/01

813 963 7760

0088303 AV

CR2E034 (5/01)

*Foxhole
Consulting
Incorporated*

*Attachment
#PA3000025358*

July 6, 2001

State of Florida
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Foxhole Consulting, Inc.
2001 Uniform Business Report
FEIN#: 59-3177094

Dear Dept Manager,

Enclosed you will find my 2001 Uniform Business Report with a check in the amount of \$150.00.

I have been out of the country in Brazil and did not receive the report until last week. I did not intentionally or willfully neglect my duty to timely file and request abatement of the late filing penalty.

Your consideration in this matter is greatly appreciated. If you have any questions, please do not hesitate to call me.

Sincerely,
FOXHOLE CONSULTING, INC.

Cliff - F

Mr. Clifford F. Bagnall
President