FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am \$ Secretary of State P93000052370 DOCUMENT # 1. Entity Name 04-30-2002 90094 027 \*\*\*150.00 EDWARD J. FOSTER CONSTRUCTION, INC. Principal Place of Business Mailing Address 300-76TH AVENUE P.O. BOX 67184 ST. PETE BEACH FL 33706 ST. PETERSBURG BEACH FL 33736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3192931 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARD J. FOSTER, JR. Street Address (P.O. Box Number is Not Acceptable) 300-76TH AVENUE ST. PETERSBURG BEACH FL 33706 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition NAME FOSTER, EDWARD J JR. NAME STREET ADDRESS 6967 GRAND VISTA WAY STREET ADDRESS SOUTH PASADENA FL 33707 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME FOSTER, CHRIS A NAME STREET ADDRESS STREET ADDRESS 6967 GRAND VISTA WAY CITY-ST-ZIP SOUTH PASADENA FL 33707 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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
Chris A. Foster, Sec. Treas.