

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084184

1. Entity Name

FOAM-FORM, INC.

Principal Place of Business

230 EAST SECOND STREET  
TIFTON GA 31794  
US

Mailing Address

POST OFFICE BOX F  
TIFTON GA 31793  
US

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 58-2120385

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

BOWEN, L. E. III  
1221 S BAY ST  
EUSTIS FL 32727-0926

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, 2001 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 P  
NAME KUNES, G. GERALD  
STREET ADDRESS 811 PENN PLACE  
CITY-ST-ZIP TIFTON GA ☐ Delete

TITLE  
NAME G. Gerald Kunes  
STREET ADDRESS 4407 Madford LN  
CITY-ST-ZIP Tifton, GA 31794 ☒ Change ☐ Addition

TITLE S  
NAME KUNES, SARA N.  
STREET ADDRESS 811 PENN PLACE  
CITY-ST-ZIP TIFTON GA ☐ Delete

TITLE S  
NAME Sara N. Kunes  
STREET ADDRESS 4407 Madford LN  
CITY-ST-ZIP Tifton, GA 31794 ☒ Change ☐ Addition

TITLE EVP  
NAME BOARDMAN, THOMAS C.  
STREET ADDRESS CRICKET CIRCLE  
CITY-ST-ZIP TIFTON GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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)(j), 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

1/16/2001 (24) 382-4900  
Date Daytime Phone #

CR2E034 (10/00)