

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000084184

FILED  
Apr 08, 2003  
Secretary of State

Entity Name: FOAM-FORM, INC.

## Current Principal Place of Business:

230 EAST SECOND STREET  
TIFTON, GA 31794 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX F  
TIFTON, GA 31793 US

## New Mailing Address:

FEI Number: 58-2120385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWEN, L. E. III  
1221 S BAY ST  
EUSTIS, FL 327270926 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KUNES, G. GERALD  
Address: 4407 MEDFORD LN.  
City-St-Zip: TIFTON, GA 31794

Title: S ( ) Delete  
Name: KUNES, SARA N.  
Address: 4407 MEDFORD LN.  
City-St-Zip: TIFTON, GA 31794

Title: AST ( ) Delete  
Name: TYSON, SHANNA C  
Address: 239 TIFTON ELIRADO RD  
City-St-Zip: TIFTON, GA 31794

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AST (X) Change ( ) Addition  
Name: TYSON, SHANNA C  
Address: 25 CREEKWOOD DRIVE  
City-St-Zip: TIFTON, GA 31794

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNA L. TYSON

ASST

04/08/2003

Electronic Signature of Signing Officer or Director

Date