2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085753

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90082 030 ***158.75

DO NOT WRITE IN THIS SPACE

1. Entity Name
FOLKERS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9400 4TH ST N STE 114 ST. PETERSBURG FL 33702 US	9400 4TH ST N STE 114 ST. PETERSBURG FL 33702-2525 US

2. Principal Place of Business	3. Mailing Address
9400 4th St N	9400 4th St N
Suite, Apt. #, etc.: 114	Suite, Apt. #, etc.: #114
City & State: St Petersburg FL	City & State: St Petersburg FL
Zip: 33702 Country: USA	Zip: 33702 Country: USA

4. FEI Number 59-3217645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOLKERS, NORA
7100 3RD AVENUE NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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 N Folkers (same)
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

TITLE	PS	☐ Delete
NAME	FOLKERS, NORA M.	
STREET ADDRESS	7100 3RD AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	T	☐ Delete
NAME	FOLKERS, RICHARD	
STREET ADDRESS	7100 3RD AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: N Folkers SIGNATURE REQUIRED 1/10/2000 727 578 4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #