

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000085753

FILED
Feb 25, 2003
Secretary of State

Entity Name: FOLKERS & ASSOCIATES, INC.

Current Principal Place of Business:

9800 4TH ST N
STE 105
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

9800 4TH ST N
STE 105
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-3217645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOLKERS, NORA
7100 3RD AVENUE NORTH
ST. PETERSBURG, FL 33710 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: PS () Delete
Name: FOLKERS, NORA M.
Address: 7100 3RD AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: T () Delete
Name: FOLKERS, RICHARD
Address: 7100 3RD AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: FOLKERS, RICHARD N
Address: 7100 3RD AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

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: NORA M. FOLKERS

PRES

02/25/2003

Electronic Signature of Signing Officer or Director

_____ Date