

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000076841**1. Entity Name
FINANCIAL FOUNDATIONS, INC.Principal Place of Business
3150 SANDY RIDGE DR.
CLEARWATER FL 33761
USMailing Address
PO BOX 7902
CLEARWATER FL 34618
US

2. Principal Place of Business

3. Mailing Address
PO BOX 7902

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
CLEARWATER FL

Zip Country

Zip Country
33758 US4. FEI Number
59-3273803Applied For
Not Applicable5. 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

MARTIN JOHN F
3150 SANDY RIDGE DR.CLEARWATER FL
33761

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 _____ 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 ST ☐ Delete
NAME MARTIN COLLEEN R
STREET ADDRESS 2843 THAXTON DR STE 37
CITY-ST-ZIP PALM HARBOR FLTITLE ST ☒ Change ☐ Addition
NAME MARTIN COLLEEN R
STREET ADDRESS 3150 SANDY RIDGE DR
CITY-ST-ZIP CLEARWATER FL 33761TITLE P ☐ Delete
NAME MARTIN JOHN F
STREET ADDRESS 2843 THAXTON DRIVE, UNIT 37
CITY-ST-ZIP PALM HARBOR FL 34684TITLE P ☒ Change ☐ Addition
NAME MARTIN JOHN F
STREET ADDRESS 3150 SANDY RIDGE DRIVE
CITY-ST-ZIP CLEARWATER FL 33761TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JOHN F. MARTIN

PRES 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)