

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 29 AM 9:55

## DOCUMENT #

1. Entity Name

FINANCIAL FOUNDATIONS, INC. P94000076841

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300006853513--4

-08/01/02--01042--018

\*\*\*\*600.00 \*\*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3150 SANDY RIDGE DR

3. Mailing Address  
P.O. BOX 7902

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CLEARWATER, FL

City & State  
CLEARWATER, FL

4. FEI Number  
59-3278303

Applied For  
Not Applicable

Zip  
33761

Country

Zip  
33758

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

### 7. Name and Address of Current Registered Agent

Name JOHN F. MARTIN

Street Address (P.O. Box Number is Not Acceptable)

3150 SANDY RIDGE DR

City CLEARWATER

FL

Zip Code  
33761

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT-CEO-DIRECTOR JOHN F. MARTIN 3150 SANDY RIDGE DR CLEARWATER, FL 3361	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARTIN, COLLEEN R. 3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

727 7841458

CR2E034B (12/01)