

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90004 033 ***150.00

DOCUMENT # P95000049695

1. Entity Name

FOUNTAIN INVESTMENTS, INC.

Principal Place of Business

**151 REGIONS WAY
 BLDG. 2, SUITE C
 DESTIN FL 32541**

Mailing Address

**151 REGIONS WAY
 STE 2-C
 DESTIN FL 32541
 US**

2. Principal Place of Business

651 Don Bishop Rd.
 Suite, Apt. #, etc.

3. Mailing Address

651 Don Bishop Rd.
 Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

Country

32459 USA

Zip

Country

32459 USA

4. FEI Number

59-3330294

Applied For

Not Applicable

5. 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

**WILKS, DIANE
 151 REGIONS WAY
 STE 2-C
 DESTIN FL 32541**

Name
WILKS, DIANE

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

651 Don Bishop Rd.

City
Santa Rosa Beach

FL

Zip Code
32459

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

Diane Wilks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 WILKS, DIANE
 151 REGIONS WAY, BLDG. 2, SUITE C
 DESTIN FL 32541** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**651 Don Bishop Rd.
 Santa Rosa Beach, FL 32459** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Diane Wilks **Diane Wilks**

3-21-01

Date

850-267-4949

Daytime Phone #

CR2E034 (10/00)