## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an adaress, with all of

## May 11, 2001 8:00 am Secretary of State DOCUMENT # **P96000025434** RETSOF, INC. 05-11-2001 90014 033 \*\*\*150.00 Mailing Address Principal Place of Business 195 S. COURTENAY PARKWAY 195 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principa: Place of Business 3. Mailing Address Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3372750 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOSTER, KENT M Street Address (P.O. Box Number is Not Acceptable) 195 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 City Zip Code E.W. 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE TITLE De!ete FOSTER, KENT M NAME NAME STREET ADDRESS 195 S. COURTENAY PARKWAY STREET ADDRESS CITY-ST-ZIP CHY ST ZIP **MERRITT ISLAND FL 32952** ☐ Change ☐ Delete TITLE ☐ Addition TITL 8 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C.TY-ST-ZIP Change 🗌 Addition ☐ Delete TITLE THEF NAME NAME STREET ADDRESS SCREET ACCRESS CITY - ST - ZIP CITY-ST-7:P ☐ Change Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY -ST-ZIP TITLE Delete TITLE Change Adoltion NAME. NAME STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP CHY-ST-ZIP Delete TITLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS 017Y-\$1-Z:P OffY-ST-ZP 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

liko émpowered.

ENTM. FOSTER