2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P96000078344

US

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1. Entity Name

US

FOAM SOURCE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

BILLINGSLEY, T

1722 GOLFVIEW DRIVE **ROCKLEDGE FL 32955**

City & State

Zip

CITY-ST-ZIP

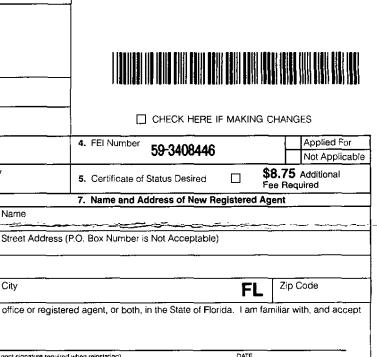
Principal Place of Business Mailing Address 209 THOMPSON AVE 209 THOMPSON AVE **COCOA FL 32922** COCOA FL 32922

6. Name and Address of Current Registered Agent

Country

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90160 039 ***150.00



			City		FL	Zip Code	3
8. The above the obligat	named entity submits this statement for the purp ions of registered agent.	ose of changing its re-	gistered office or re	egistered agent, or both, in the State of	Florida. I am fami	liar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: R	egistered Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO C	OFFICERS AND DI	RECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILLINGSLEY, T 1722 GOLFVIEW DRIVE ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV BILLINGSLEY, FRANCES C 1722 GOLFVIEW DRIVE ROCKLEDGE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		· 🗆	Change	Addition

Country

Name

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CR2E034 (10/02)