

DOCUMENT # 00000002071

1. Entity Name

FOXTech INTERNATIONAL, INC.



FILED
Mar 19, 2007 08:00 A
Secretary of State



Principal Place of Business

2125 S.E. ERWIN ROAD
PORT ST. LUCIE FL 34952

Mailing Address

2125 S.E. ERWIN ROAD
PORT ST. LUCIE FL 34952

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0741370

Applied For

Not Applied

Zip

Country

Zip

Country

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

DONOHUE, FRANCIS T
 2125 S.E. ERWIN ROAD
 PORT ST. LUCIE FL 34952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DCEO
 DONOHUE, FRANCIS T
 2125 S.E. ERWIN ROAD
 PORT ST. LUCIE FL 34952

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DP
 DONOHUE, PATRICIA
 2617 SE GOWIN RD
 PORT ST LUCIE FL 34952

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

U000000671870 ☐ Change ☐ Addition
 03/28/07-80046-003 150.00

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DP
 DONOHUE, JOYCE A
 2125 SW ERWIN RD
 PORT SAINT LUCIE FL 34952

☐ Delete

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 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #