

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001887

1. Entity Name

APPLIED FOUNDATION TESTING, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90015 029 ***150.00

0000923

Principal Place of Business

1060 ROLAND AVENUE
GREEN COVE SPRINGS FL 32043

Mailing Address

1060 ROLAND AVENUE
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

4015 J. LOUIS ST.

3. Mailing Address

4015 J. LOUIS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

Zip

32043

Country

4. FEI Number

59-3417167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD., STE 201
ST MARK'S PLACE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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.

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) ☐

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

TITLE DV
NAME MUCHARD, MICHAEL K
STREET ADDRESS 10294 CYPRESS LAKES DR
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE DP
NAME ROBERTSON, DONALD T
STREET ADDRESS 2385 NOTTINGHAM FOREST PL
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE DST
NAME RUTLAND, MARK A
STREET ADDRESS 10284 CYPRESS LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE D
NAME ELLIOTT, JOHN M
STREET ADDRESS 208 RIVER PLANTATION DR S.
CITY-ST-ZIP ST AUGUSTINE FL 32092 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Mark A Rutland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

(904) 284-1779

Daytime Phone #

CR2E034 (10/00)