

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90247 022 ***150.00

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DOCUMENT # P97000001887

1. Entity Name

APPLIED FOUNDATION TESTING, INC.



Principal Place of Business

4015 J LOUIS STREET

GREEN COVE SPRINGS FL 32043

Mailing Address

4015 J LOUIS STREET

GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3417167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 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

TITLE DV ☐ Delete
NAME MUCHARD, MICHAEL K
STREET ADDRESS 1961 RIVER OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

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.

SIGNATURE:

Signature of Samuel L. Leprell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)