

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90105 031 \*\*\*150.00

**DOCUMENT # P98000046537**

1. Entity Name

**JAMES FOULKS ENTERPRISES, INC.**

Principal Place of Business

**336 SAN MIGUEL  
WINTER SPRINGS FL 32708**

Mailing Address

**336 SAN MIGUEL  
WINTER SPRINGS FL 32708**

2. Principal Place of Business

**122 MONTEREY OAKS DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**122 MONTEREY OAKS DR.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**SANFORD FL**

City & State

**SANFORD FL**

4. FEI Number

**59-3513313**

Applied For

Not Applicable

Zip

**32771**

Country

**U.S.A.**

Zip

**32771**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FOULKS, DORIS I  
336 SAN MIGUEL  
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name  
**FOULKS, DORIS I**  
Street Address (P.O. Box Number is Not Acceptable)  
**122 MONTEREY OAKS DRIVE**  
City  
**SANFORD** FL Zip Code  
**32771**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOULKS, JAMES  
336 SAN MIGUEL  
WINTER SPRINGS FL 32708** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOULKS, DORIS I  
336 SAN MIGUEL  
WINTER SPRINGS FL 32708** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOULKS, JAMES  
122 MONTEREY OAKS DR  
SANFORD, FL 32771** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOULKS, DORIS I  
122 MONTEREY OAKS DR  
SANFORD, FL 32771** ☒ Change ☐ Addition

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

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

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

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

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: Doris I. Foulks Doris I Foulks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01 407-324-7252  
Date Daytime Phone #

CR2E034 (10/00)