

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90960 033 ***150.00

DOCUMENT # P99000004573

1. Entity Name
FOAM PRODUCTS, INC.



Principal Place of Business
**11423 GEORGETOWN CIRCLE
TAMPA FL 33635**

Mailing Address
**11423 GEORGETOWN CIRCLE
TAMPA FL 33635**



2. Principal Place of Business

1353 WESTON OAKS DR.

3. Mailing Address

1353 WESTON OAKS DRIVE

Suite, Apt. #, etc.

S302

Suite, Apt. #, etc.

S302

City & State

HOLIDAY, FLORIDA

City & State

HOLIDAY, FLORIDA

Zip

34690

Country

PASCO

Zip

34690

Country

PASCO

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3552590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORDSTROM, CHRISTOPHER K
11423 GEORGETOWN CIRCLE
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name
NORDSTROM, CHRISTOPHER K

Street Address (P.O. Box Number is Not Acceptable)

1353 WESTON OAKS DR.

S302

City

HOLIDAY

FL

Zip Code

34690

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 **CHRISTOPHER NORDSTROM, President** **2/16/03**
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 **DPST** ☐ Delete
NAME **NORDSTROM, CHRISTOPHER K**
STREET ADDRESS **11423 GEORGETOWN CIRCLE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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 **1353 WESTON OAKS DR**
CITY-ST-ZIP **HOLIDAY, FL 34690**

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

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

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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: **CHRISTOPHER NORDSTROM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/03 813 727 5929
Date Daytime Phone #

CR2E034 (10/02)