

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 19 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000014077

1. Entity Name

THE CHUCK FOSTER COMPANY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

59 1/2 ROSCOE BOULEVARD

3. Mailing Address

59 1/2 ROSCOE BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FLORIDA

City & State

PONTE VEDRA BEACH, FLORIDA

4. FEI Number

59-3559375

Applied For

Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name WALTER M. FOSTER, JR.

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

59 1/2 ROSCOE BOULEVARD

City PONTE VEDRA BEACH

FL

Zip Code
32082

**DO NOT WRITE
IN THIS SPACE**

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

WALTER M. FOSTER, JR., DIRECTOR

11/14/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR/PRESIDENT
WALTER M. FOSTER, JR.
59 1/2 ROSCOE BOULEVARD
PONTE VEDRA BEACH, FL 32082

TITLE
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

WALTER M. FOSTER, JR.

11/14/2003

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034B (12/02)