

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000018745**

1. Entity Name  
 JOHN FOSTER PAINTING, INC.

|   |  |
|---|--|
| Principal Place of Business<br>6800 MAHONEY,#4<br>KEY WEST FL 33041 | Mailing Address<br>P.O. BOX 954<br>KEY WEST FL 33041 |
|---|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>6800 MAHONEY,#4<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|--|---|

|                             |              |
|-----------------------------|--------------|
| City & State<br>KEY WEST FL | City & State |
|-----------------------------|--------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0892166</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|              |         |     |         |
|--------------|---------|-----|---------|
| Zip<br>33040 | Country | Zip | Country |
|--------------|---------|-----|---------|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 FOSTER JOHN AJR.  
 6800 MAHONEY,#4  
 KEY WEST FL 33041

**7. Name and Address of New Registered Agent**  
 Name  
 FOSTER JOHN AJR.  
 Street Address (P.O. Box Number is Not Acceptable)  
 6800 MAHONEY,#4  
 City  
 KEY WEST FL Zip Code  
 33040

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 **JOHN A. FOSTER, JR.** DATE **04/30/2000**  
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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC <input type="checkbox"/> Delete<br>FOSTER JOHN<br>6800 MAHONEY,#4<br>KEY WEST FL 33041 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>FOSTER JOHN<br>6800 MAHONEY,#4<br>KEY WEST FL 33040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: John A. Foster, Jr. DC: 04/30/2000