

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023531

1. Entity Name

FOOTPRINTZ ENTERPRISES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90025 043 ***150.00

Principal Place of Business

Mailing Address

2615 SOUTHERN OAKS PLACE
PLANT CITY FL 33567

2615 SOUTHERN OAKS PLACE
PLANT CITY FL 33567-2339

2. Principal Place of Business

2615 SOUTHERN OAKS PLACE

3. Mailing Address

2615 SOUTHERN OAKS PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FLA.

City & State

PLANT CITY, FLA.

Zip

33567

Country

U.S.A.

Zip

33567

Country

U.S.A.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACHELL, STEPHEN R
2615 SOUTHERN OAKS PLACE
PLANT CITY FL 33567

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.

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, 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 PD
NAME MACHELL, STEPHEN R
STREET ADDRESS 2615 SOUTHERN OAKS PLACE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE VPD
NAME MACHELL, SANDRA D
STREET ADDRESS 2615 SOUTHERN OAKS PLACE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE D
NAME MACHELL, JUSTIN R
STREET ADDRESS 2615 SOUTHERN OAKS PLACE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ 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 ☐ Change ☐ Addition

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

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

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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:

Stephen R. Machell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00
Date

813-634-2164
Daytime Phone #

CR2E034 (9/99)