

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90078 019 ***150.00

DOCUMENT # P99000027821

1. Entity Name
FOUNDATION ASSET MANAGEMENT, INC.

Principal Place of Business

**9915 TAMiami TRAIL NORTH
 SUITE #2
 NAPLES FL 34108**

Mailing Address

**9915 TAMiami TRAIL NORTH
 SUITE #2
 NAPLES FL 34108**



2. Principal Place of Business

868 106TH AVE N.

Suite, Apt. #, etc.

3. Mailing Address

868 106TH AVE. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0910398

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YOUNGS, BRIAN

9915 TAMiami TRAIL NORTH

SUITE #2

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

868 106TH AVE. N.

NAPLES, FL 34108

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.

BRIAN YOUNGS

1/8/02

(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, 2002 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 **D** ☐ Delete
 NAME **YOUNGS, BRIAN**
 STREET ADDRESS **9915 TAMiami TRAIL NORTH**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Delete
 NAME **WANDERON, THOMAS SR.**
 STREET ADDRESS **9915 TAMiami TRAIL NORTH**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Delete
 NAME **LAMB, JEFFREY R**
 STREET ADDRESS **9915 TAMiami TRAIL NORTH**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **868 106TH AVE N.**
 CITY-ST-ZIP **NAPLES, FL 34108**

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

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:

BRIAN YOUNGS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 **941-591-4334**
 Date Daytime Phone #

CR2E034 (9/01)