

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90011 041 ***150.00

DOCUMENT # **P99000099404**

Entity Name
FOSTER & LAWSON HOLDINGS, INC.

Registered Office of the entity: **S.W. 5TH ST. GLADE FL 33430**
 Mailing Address: **324 S.W. 5TH ST. BELLE GLADE FL 33430-3387**

LUU04149



DO NOT WRITE IN THESE SPACES

Principal Office of Registrant: **3. Mailing Address:**
 Suite, Apt. #, etc: **City & State:**
City & State:
 Zip: **Country:**

4. FEI Number: **65-0959514**
 5. Certificate of Status Desired: **\$8.75** Addressed Fee Required

6. Name and Address of Current Registered Agent
HEFFERNAN, RICHARD L CPA
2911 E. MAIN ST.
PAHOKEE FL 33476

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL**

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 of the principal officer or director (agent and filer if applicable) _____ (Filer) Registered Agent Signature (agent and filer if applicable) _____ (Agent)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See explanation 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 Finance Trust Fund Contribution: **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	
PD FOSTER, COREY D 620 S.W. 13TH ST. BELLE GLADE FL 33430	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP FOSTER, CAROLYN D 620 S.W. 13TH ST. BELLE GLADE FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. I am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or 12 or both if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Corey D. Foster*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____