

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90007 015 \*\*\*550.00

U11099A A1

**DOCUMENT # P99000099404**

1. Entity Name  
**FOSTER & LAWSON HOLDINGS, INC.**

Principal Place of Business  
**324 S.W. 5TH ST.  
 BELLE GLADE FL 33430**

Mailing Address  
**324 S.W. 5TH ST.  
 BELLE GLADE FL 33430**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 1085**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Belle Glade**

4. FEI Number  
**65-0959514**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33430 Florida**

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

DO NOT WRITE IN THIS SPACE



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** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FOSTER, COREY D 620 S.W. 13TH ST. BELLE GLADE FL 33430</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FOSTER, CAROLYN D 620 S.W. 13TH ST. BELLE GLADE FL 33430</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard L Heffernan* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 7, 2001 561-996-0912  
Date Daytime Phone #

CB09024 (5/01)