

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108250

1. Entity Name

FOSTER CONSULTING SERVICES, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90166 030 ***150.00

Principal Place of Business

Mailing Address

1546 PRIMROSE LANE
WELLINGTON FL 33414

1546 PRIMROSE LANE
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

12230 Forest Hill Blvd

12230 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

SUITE 110

City & State

City & State

Wellington FL

Wellington FL

Zip

Country

Zip

Country

33414

USA

33414

USA

4. FEI Number

65-0967382

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME
STREET ADDRESS
CITY-ST-ZIP
D FOSTER, KEN L
1546 PRIMROSE LANE
WELLINGTON FL 33414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D FOSTER, ANITA
1546 PRIMROSE LANE
WELLINGTON FL 33414 ☒ Delete

TITLE
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☐ Change ☐

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KEN L FOSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00
Date

561-227-1551
Daytime Phone #