

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91087 023 ***158.75

DOCUMENT # S21666

1. Entity Name

FOXWOOD MANOR APARTMENTS CORP.



Principal Place of Business
24 HARRISON AVE
PANAMA CITY FL 32401-2741

Mailing Address
P.O. BOX 1669
PANAMA CITY FL 32402

2. Principal Place of Business

460 HARRISON AVE

3. Mailing Address

POB 610

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

MONTICELLO, FL

Zip

32401

Country

USA

Zip

32345

Country

USA

4. FEI Number

59-3044720

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOTH, CHARLES E.
24 HARRISON AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

460 HARRISON AVE

City

PANAMA CITY, FL 32401

Zip Code

32401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(None. Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|---------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FAIRCLOTH, CHARLES E 24 HARRISON AVE PANAMA CITY FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 460 HARRISON AVE PANAMA CITY, FL 32401 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIMSLEY, WILLIAM C JR 7911 THOMAS DR PANAMA CITY FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 460 HARRISON AVE PANAMA CITY, FL 32401 | <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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)