

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90008 022 ***150.00

DOCUMENT # S29668 N/C 1/11/02 (TW) ✓

1. Entity Name

FOUNDATION TECHNOLOGIES, INC.

EFFECTIVE JAN. 2, 2002 - NAME CHANGED
 TO BLAKE LEHMAN ENTERPRISES, INC.

Principal Place of Business

1315 SE 1ST. STREET
 GAINESVILLE FL 32601
 US

Mailing Address

~~P.O. BOX 99900~~ 1615 SW 35TH PL.
 GAINESVILLE FL 32608
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1615 SW 35TH PL.

GAINESVILLE, FL

32608



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3050757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PETERSON, ROBERT L.
 20 YOUNG DR
 INGLIS FL 34449

7. Name and Address of New Registered Agent

Name

JAMES L. PETERSON

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

1615 SW 35TH PLACE

City

GAINESVILLE

FL

Zip Code

32608

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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	VTD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, ROBERT L.	
STREET ADDRESS	20 YOUNG DR	
CITY-ST-ZIP	INGLIS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERSON, JAMES L.	
STREET ADDRESS	1601 SW 35TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LORI SUE LAMB	
STREET ADDRESS	222 NW 27TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1615 SW 35TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1615 SW 35TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James L. Peterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 352.336.3066

CR2E034 (9/01)