

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90024 033 \*\*\*150.00  
 07-23-2002 90324 013 \*\*\*550.00

**DOCUMENT # F00000000815**

1. Entity Name  
**FORE EVER MARKED, INC.**

Principal Place of Business

900 C LAKE STREET  
 RAMSEY NJ 07446

Mailing Address

900 C LAKE STREET  
 RAMSEY NJ 07446

2. Principal Place of Business

1984 SOUTHWEST BILTMORE

3. Mailing Address

Suite, Apt. #, etc.  
 # 118

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

4. FEI Number **22-3679401**

Applied For  
 Not Applicable

Zip **34984**

Country **USA**

Zip Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSSELL, DOUGLAS**  
**4400 S.W. IDLEWILD STREET**  
**PORT ST LUCIE FL 34953**

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

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PCSD BUSSELL, DOUGLAS 4400 S.W. IDLEWILD STREET PORT ST LUCIE FL		

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: *Douglas Buswell* **DOUGLAS BUSSELL, PRES.** 7-18-02 561-336-8500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)