

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90194 007 ***150.00

DOCUMENT # P98000056314

1. Entity Name
FORESTECH CONSULTING, INC.

Principal Place of Business Mailing Address
3115 ORTEGA DR **3115 ORTEGA DR**
TALLAHASSEE FL 32312-1818 **TALLAHASSEE FL 32315-3459**

A0056676



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
215 East Tharpe Street **P.O. Box 3459**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Tallahassee, Florida **Tallahassee, Florida**
 Zip Zip Country Country
32303 **32315-3459**

4. FEI Number Applied For
59-3524763 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILLIGAN, MARK M
3115 ORTEGA DR
TALLAHASSEE FL 32312-1818

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 \$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 Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLIGAN, MARK M | NAME | |
| STREET ADDRESS | 3115 ORTEGA DR | STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL 32312-1818 | CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLIGAN, LAUREN | NAME | |
| STREET ADDRESS | 3115 ORTEGA DR | STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL 32312-1818 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | D Davis, Richard |
| STREET ADDRESS | | STREET ADDRESS | 3530 Chatelaine Court |
| CITY - ST - ZIP | | CITY - ST - ZIP | Tallahassee FL 32308 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

CRE034 (9/99)

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: *Mark M. Milligan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2000 **850/989-3667**
 Date Daytime Phone #