

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056314

1. Entity Name
FORESTECH CONSULTING, INC.

Principal Place of Business
316 WILLIAMS STREET
TALLAHASSEE FL 32303

Mailing Address
P.O. BOX 3459
TALLAHASSEE FL 32315-3459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3524763

Applied For
Not Applicable

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

MILLIGAN, MARK M
3115 ORTEGA DR
TALLAHASSEE FL 32312-1818

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ VP Chief Tech. Officer ☐ Delete
NAME MILLIGAN, MARK M
STREET ADDRESS 3115 ORTEGA DR
CITY-ST-ZIP TALLAHASSEE FL 32312-1818

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Roger H. Greene
CITY-ST-ZIP 3909 Reserve Dr Apt 423
Tallahassee FL 32311

TITLE ☐ VP Chief Financial Officer ☐ Delete
NAME DAVIS, RICHARD
STREET ADDRESS 3530 CHATELAINE CT.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☒ Addition
NAME Director of Sales
STREET ADDRESS Brian H. Holly
CITY-ST-ZIP 1141 Tivoli Park Rd
Centerville, GA 31028

TITLE ☐ Delete
NAME Greene, Roger H.
STREET ADDRESS 3
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME Holly, Brian
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mark M. Milligan CEO

1/11/02

850 385 3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)