

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90167 045 \*\*\*150.00

**DOCUMENT # P99000041078**

1. Entity Name  
**HEY, I DIDN'T FORGET, INC.**

Principal Place of Business  
**1855 ST. JOHNS BLUFF ROAD  
 JACKSONVILLE FL 32225**

Mailing Address  
**PO BOX 350011  
 JACKSONVILLE FL 32235**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3675279**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROUTHIER, RENEE**  
**6200 BARNES RD SO APT C20**  
**JACKSONVILLE FL 32216**

Name  
*Ellen Ogrizovich*

Street Address (P.O. Box Number is Not Acceptable)  
*1955 St. Johns Bluff Road*

City  
*Jacksonville*

**FL**

Zip Code  
*32225*

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. *4/26/02*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Ellen Ogrizovich, Ellen Ogrizovich, President*  
*Renee Routhier, Secretary/Treasurer* *4/26/02*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>OGRIZOVICH, ELLEN</b> <b>1955 ST. JOHNS BLUFF ROAD</b> <b>JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FISHER, ILENE</b> <b>11189 BARBIZON CIRCLE E.</b> <b>JACKSONVILLE FL 32257</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ROUTHIER, RENEE</b> <b>6200 BARNES RD SO. #C20</b> <b>JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bresnahan, Mary</i> <i>1955 St Johns Bluff Road</i> <i>Jacksonville, FL 32225</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Renee Routhier* *4/26/02* *(603)432-2032*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Secretary/Treasurer* Date Daytime Phone #

14

CR2E034 (9/01)