

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90106 009 ***150.00

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DOCUMENT # S81804

1. Entity Name
FORSHEE & LOCKWOOD, P.A.



Principal Place of Business
**220 MIRACLE MILE
SUITE 221
CORAL GABLES FL 33134
US**

Mailing Address
**220 MIRACLE MILE
SUITE 221
CORAL GABLES FL 33134
US**

2. Principal Place of Business
**201 S. Biscayne Blvd.
Suite, Apt. #, etc. 2720**

3. Mailing Address
**201 S. Biscayne Blvd.
Suite, Apt. #, etc. 2720**

City & State
**MIAMI, FL
Zip 33131 Country USA**

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**MIAMI, FL
Zip 33131 Country USA**

4. FEI Number **65-0282278** Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FORSHEE, WILLIAM H
220 MIRACLE MILE
SUITE 221
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **William H. Forshee**
Street Address (P.O. Box Number is Not Acceptable)
**201 S. Biscayne Blvd.
2720**
City **MIAMI** FL Zip Code **33131**

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 *William H. Forshee* *William H. Forshee* **4/8/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FORSHEE, WILLIAM H.
STREET ADDRESS	220 MIRACLE MILE SUITE 221
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, KEVIN J.
STREET ADDRESS	220 MIRACLE MILE STE 221
CITY-ST-ZIP	CORAL GABLES FL
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forshee, William H.
STREET ADDRESS	201 S. Biscayne Blvd. #2720
CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lockwood, Kevin J.
STREET ADDRESS	201 S. Biscayne Blvd. #2720
CITY-ST-ZIP	Miami, FL 33131
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William H. Forshee* **4/8/03** **(305) 371-6364**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)