2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

S81804

1. Entity Name

FORSHEE & LOCKWOOD, P.A.



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

04-11-2003 90106 009 ***150.00

			CO WE TO				
Principal Plac	ce of Business	Mailing Address 220 MIRACLE MILE					
SUITE 221		SUITE 221					
CORAL GABLES FL 33134		CORAL GABLES FL 33134			Langunga sahi bahar dinggi aktif gadi	. 	AIN SICH CIAN TON
US	20 12 00.01	US		1			3);
	Place of Business Blub.	T = + + + + + + + + + + + + + + + + + +	yne Bluc	1.		\$161 0161 0101 0151 01	
Suite, Apt # etc. 2120		Suite, Apt # etc 20			☐ CHECK HERE IF MAKING CHANGES		
NI & Stat	Mi, FL	MIAM, FL	<u> </u>	4. FEIN	65-0282278		Applied For Not Applicable
3313	31 °WSA	33131	cours A		ficate of Status Desired	Fee Req	Additional uired
	6. Name and Address of Current F	Registered Agent		7. Nam	e and Address of New Re	gistered Agent	
FORSHEE	, WILLIAM H		Name W	illiam	H. Fors	hee_	
220 MIRACLE MILE			20100	<u> </u>	lumber is Not Accepted at	va.	
SUITE 22			210	20			}
	ABLES FL 33134			AMI		FL Zing	33131
	named entity submits this statement for lions of registered agent.	the purpose of changing its re	egistered office or reg	gistered agent,	or both, in the State of Flor	rida. I am familiar w	rith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if annicable (NOTE)	Registered Agent signature re		ORSHEE	4/8/a	23
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	ILE NOW!!! FEE IS \$150.00	1			9. Election Campaign Fina	ancina 🖭	5.00 May Be
	r May 1, 2003 Fee will be \$550.00	State			Trust Fund Contribution	· - •	ided to Fees
Make Check	k Payable to Florida Department of		•		Trust Fund Contribution		ided to Fees
Make Check	k Payable to Florida Department of OFFICERS AND D	DIRECTORS	11.			CERS AND DIRECT	ORS IN 11
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02