

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585068

1. Entity Name

U. S. FORMING, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90287 048 ***150.00

Principal Place of Business

8470 BELVEDERE RD
WEST PALM BEACH FL 33411
US

Mailing Address

8470 BELVEDERE RD
WEST PALM BEACH FL 33411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1956354

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

BLAKE HARMON C/O PATTERSON & HARMON
665 S.E. 10TH STREET, SUITE 201
DEERFIELD BEACH FL 33441

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, 2001 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 PAS ☐ Delete
NAME WHITESIDE, MARY K.
STREET ADDRESS 847 DIXIE AVENUE
CITY-ST-ZIP MADISON GA 30650

TITLE S ☒ Change ☐ Addition
NAME WHITESIDE, LEWIS A.
STREET ADDRESS 8470 BELVEDERE ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ST ☐ Delete
NAME WHITESIDE, LEWIS A.
STREET ADDRESS 8470 BELVEDERE RD
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

TITLE AS ☐ Delete
NAME WHITESIDE, DARRELL
STREET ADDRESS 5173 WOODLAND DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME WHITESIDE, DUSTIN T.
STREET ADDRESS 847 DIXIE AVENUE
CITY-ST-ZIP MADISON, GA 30650

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME WHITESIDE, STACY K.
STREET ADDRESS 1130 COMMERCE ST.
CITY-ST-ZIP MADISON, GA 30650

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:

Samuel Whitson Asst. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Sec.

1/25/01

Date

561-753-8210

Daytime Phone #

CR2E034 (10/00)