2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ⊻

DOCUMENT # 638004 1. Entity Name FORESTER DISTRIBUTING COMPANY, INC.					Secretary of State 03-06-2002 90073 014 ***150.00				
Principal Plac	ce of Business	Mailing Address 3911 SW 47TH AVE							
SUITE 908B	ALE FL 33314	SUITE 908B FT. LAUDERDALE FL 33314					1101 1101 1101 1101 1	 111 111 111	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 59-1949461 Applied For Not Applicable				
Zip	Country	Zip	Country		Certificate of Statu		Fee Require	litionat d	_
 -	6. Name and Address of Current F	egistered Agent	Name	7.	Name and Addres	s of New Registe	ered Agent		}
FORESTER, KEVIN S				Street Address (P.O. Box Number is Not Acceptable)					
3911 SW 47 AVE., #908 FORT LAUDERDALE FL 33314							_ ,		
			City	City FL Zip Code					
8. The above	named entity submits this statement for		egistered office				DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable				550.00	1	ımpaign Financinç Contribution.	· ,_	0 May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AE	DDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	STD FORESTER, MARGARET T 207 SW 28TH STREET— FT LAUDERDALE FL	Oelete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		SW 47+1	h Aue #	⊠ Change 1908 B 3314	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET AODRESS CITY-ST-ZIP	P FORESTER, KEVIN S 207 SW 28TH STREET FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		W 47th A UDERDALE,	/	Change	Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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13. I hereby of indicated of the corrections	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empty or on an attentional with an address with a second or the second or t	nic filling coes not quality for the dead accurate and that my vered to execute the report as	ne exemption st signature shall s required by Ct	ated in Section have the same napter 607, Flori	119.07(3)(i), Florida legal effect as if ma ida Statutes; and th	a Statutes. I furthe ade under oath; the lat my name appe	er certify that the in nat I am an officer ears in Block 11 or	formation or director Block 12 if	