

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # 841193

1. Entity Name
ROBERT FORREST DESIGNERS, LTD., INC.



03 APR -4 AM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2770 N. SUMMIT AVE.
MILWAUKEE WI 53211

Mailing Address
2770 N. SUMMIT AVE.
MILWAUKEE WI 53211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03/10/03 90190 037 \$158.75

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 39-1154026

Applied For
Not Applicable

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

WINDFELDER, CAROLE
500 PALM STREET
PALM BEACH, FL MH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

502 Palm Street, #11

City Palm Beach

FL

Zip Code 33401

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

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 PD
NAME FORREST, ROBERT
STREET ADDRESS 500 PALM STREET #36
CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS 502 PALM ST #11
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD
NAME FORREST, ROBERT
STREET ADDRESS 500 PALM STREET #36
CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS 502 PALM ST #11
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME DAVIDSON, BARBARA
STREET ADDRESS 424 SEASPRAY AVE
CITY-ST-ZIP PALM BEACH FL 08

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME FORREST, ROBERT
STREET ADDRESS 500 PALM STREET #36
CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS 502 PALM ST #11
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP
NAME WINDFELDER, CAROLE
STREET ADDRESS 500 PALM ST 36
CITY-ST-ZIP W PALM BCH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT FORREST

Date

Daytime Phone #

414-962-7400

CR2E034 (10/02)