

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90391 005 ***150.00

DOCUMENT # F00000001812

1. Entity Name
FOREST MANAGER CORP.



Principal Place of Business
ATTN: IAN FRANK Tax Dept
3701 CAMBRIDGE COURT, #200 #300
AUBURN HILLS MI 48326

Mailing Address
ATTN: IAN FRANK Tax Dept
3701 CAMBRIDGE COURT, #200 #300
AUBURN HILLS MI 48326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3514187**

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

LEE, RICHARD E ESQ
KATZ, KUTTER, HAIGLER
106 E. COLLEGE AVENUE, #1200
TALLAHASSEE FL 32301

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. 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	P	<input type="checkbox"/> Delete
NAME	ADLER, STEVEN P	
STREET ADDRESS	2701 CAMBRIDGE COURT, #200	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINTER, TERRY J	
STREET ADDRESS	2701 CAMBRIDGE COURT, #200	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAUMAN, COLLEEN T	
STREET ADDRESS	2701 UNIVERSITY DRIVE, SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOMBARDO, JOSEPH P	
STREET ADDRESS	2701 CAMBRIDGE COURT, #200	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, JOHN JR.	
STREET ADDRESS	2701 UNIVERSITY DRIVE, SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	FEUEREISEN, ANDREW	
STREET ADDRESS	2701 CAMBRIDGE COURT, #200	
CITY-ST-ZIP	AUBURN HILLS MI 48326	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2701 Cambridge Ct #300	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2701 Cambridge Ct #300	
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2701 Cambridge Ct #300	
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy Paul

3/19/03

Date

248-340-7753

Daytime Phone #

CR2E034 (10/02)