

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90166 003 ***150.00

DOCUMENT # F03252

1. Entity Name
FORIS-RATING HOLDINGS (FLORIDA), INC.



Principal Place of Business
401 E KENNEDY BLVD.,
BARNETT PLAZA, SUITE 1240
TAMPA FL 33602
US

Mailing Address
PO BOX 2111
TAMPA FL 33601
US



2. Principal Place of Business
202 S. ROME AVE
Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
202 S. ROME AVE
Suite, Apt. #, etc.
SUITE 100

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL
Zip
33606
Country
US

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TAMPA FL
Zip
33606
Country
US

4. FEI Number 59-2162837

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEYCK, JR. J
401 E KENNEDY BLVD.
BARNETT PLAZA SUITE 1240
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
JOSEPH G. HEYCK JR.
Street Address (P.O. Box Number is Not Acceptable)
202 S. ROME AVE. SUITE 100
City TAMPA FL Zip Code 33606

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 *Joseph G. Heyck Jr.*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSDC DIENER, STEVEN G. 133 ST LEONARDS AVE TORONTO CANADA M4-N1K6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13, '03 416-4834565

Date

Daytime Phone #

CR2E034 (10/02)