

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000107

1. Entity Name

FORREC CONSTRUCTION INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90041 034 ***550.00

Principal Place of Business

7616 SOUTHLAND BLVD
STE 112
ORLANDO FL 32809
US

Mailing Address

7616 SOUTHLAND BLVD
STE 112
ORLANDO FL 32809-9121
US

2. Principal Place of Business

2430 Sand Lake Road
Suite, Apt. #, etc.

3. Mailing Address

2430 Sand Lake Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

88-0292868

Applied For

Not Applicable

Zip

32809

Country

U.S.A.

Zip

32809

Country

U.S.A.

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

THORNTON, VANCE L
1025 WELLINGTON CT
OVIEDO FL 32765

Name

Jamie Galloway

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

13802 Osprey Nest Lane, #183

City

Orlando

FL

Zip Code
32837

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]

JAMIE GALLOWAY, GENERAL MANAGER

FEB. 4, 2000

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, 2000 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

TITLE CPT
NAME EVANS, BRUCE S
STREET ADDRESS 7616 SOUTHLAND BLVD., STE. 112
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE VS
NAME SMITH, DAVID A.
STREET ADDRESS PO BOX 10039, KEITH ROAD
CITY-ST-ZIP BRACEBRIDGE ON ☒ Delete

TITLE M
NAME THORNTON, VANCE L
STREET ADDRESS 1025 WELLINGTON CT
CITY-ST-ZIP OVIEDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Evans, Bruce S.
STREET ADDRESS 50 Keith Road, P.O. Box 10039
CITY-ST-ZIP Bracebridge, Ontario P1L 1W6 Canada ☒ Change ☐ Addition

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

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

TITLE P/S/T/D
NAME Thompson, Craig M.
STREET ADDRESS 50 Keith Road, P.O. Box 10039
CITY-ST-ZIP Bracebridge, Ontario P1L 1W6 Canada ☐ Change ☒ Addition

TITLE M
NAME Galloway, Jamie
STREET ADDRESS 13802 Osprey Nest Lane, #183
CITY-ST-ZIP Orlando, Florida 32837 ☐ Change ☒ Addition

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRAIG M. THOMPSON, PRESIDENT

Feb. 4, 2000 (705)645-1301

Date

Daytime Phone #

CR2E034 (9/99)