

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000107

1. Entity Name

FORREC CONSTRUCTION INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90007 046 ***150.00

0067064

Principal Place of Business

2430 SAND LAKE RD
ORLANDO FL 32809
US

Mailing Address

2430 SAND LAKE RD
ORLANDO FL 32809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 88-0292868

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

GALLOWAY, JAMIE
13802 OSPREY NEST LANE,
#183
ORLANDO FL 32837

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME EVANS, BRUCE S
STREET ADDRESS 50 KEITH RD, PO BOX 10039
CITY-ST-ZIP BRACEBRIDGE, ONTARIO CA PIL- 1W6

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

TITLE PSTD ☐ Delete
NAME THOMPSON, CRAIG M
STREET ADDRESS 50 KEITH RD, PO BOX 10039
CITY-ST-ZIP BRACEBRIDGE, ONTARIO CA PIL- 1W6

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

TITLE M ☐ Delete
NAME GALLOWAY, JAMIE
STREET ADDRESS 13802 OSPREY NEST LANE, #183
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 reports 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG THOMPSON, PRESIDENT

Feb 26/01 (705) 645-2214

Date

Daytime Phone #

CR2E034 (10/00)