

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G26374

1. Entity Name  
FORTE CONSTRUCTION CO., INC.

Principal Place of Business

7851 SR 200  
OCALA FL 32676  
US

Mailing Address

PO BOX 5490  
OCALA FL 34478  
US

2. Principal Place of Business

1811 S.E. 87th PL.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCALA, FL.

City & State

4. FEI Number 59-2282425

Applied For  
Not Applicable

Zip  
32680

Country  
US

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

FORTE, RONALD  
3240 SW 34TH ST  
APT 201  
OCALA FL

Name FORTE, RONALD

Street Address (P.O. Box Number is Not Acceptable)  
1811 S.E. 87th PL.

City OCALA FL Zip Code 32680

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 PD  
NAME FORTE, DONALD  
STREET ADDRESS 3240 SW 34TH ST APT 201  
CITY-ST-ZIP OCALA FL ☐ Delete

TITLE  
NAME FORTE, RONALD ☒ Change ☐ Addition  
STREET ADDRESS 1811 SE 87th PL  
CITY-ST-ZIP OCALA, FL 32680

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

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CITY-ST-ZIP ☐ Delete

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: Donald S. Forte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 01 352-854-3944  
Date Daytime Phone #

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90466 030 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)