FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48496

1. Entity Name
FORBIS SYSTEMS INC.

300002248353
09/22/03--01089--022 **408.75
08/01/03 90057 040 * 150.00

Principal Place of Business	Mailing Address
1876 TRADE CENTER WAY NAPLES, FL 34109	1876 TRADE CENTER WAY NAPLES, FL 34109

2. Principal Place of Business	3. Mailing Address
1876 Tradecenter way	1876 tradecenter way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples Florida	City & State: Naples FL
Zip: 34109 Country: Collier	Zip: 34109 Country: Collier

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2303130 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

MRS

6. Name and Address of Current Registered Agent

WANDERON, THOMAS
9915 TAMIAMI TRAIL N., SUITE 2
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number Is Not Acceptable): Same.
City: Same 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 TIMELY - FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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	DPT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORBIS, RICHARD J		NAME	
STREET ADDRESS	1876 TRADE CENTER WAY		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	
TITLE	DVPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORBIS, RONALD M.		NAME	
STREET ADDRESS	1876 TRADE CENTER WAY		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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] 9/17/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #