

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90230 049 \*\*\*150.00

**DOCUMENT # H24909**

1. Entity Name  
**THE WHOLESALE FOREST, INC.**



Principal Place of Business  
**1823 CORPORATE DRIVE  
BOYNTON BEACH FL 33426  
US**

Mailing Address  
**1823 CORPORATE DRIVE  
BOYNTON BEACH FL 33426  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2488646**

Applied For  
Not Applicable

Zip

Country

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

**TARNOFSKY, JOANN  
6637 BOCA HERMOSA LANE  
BOCA RATON FL 33433**

Name

**JOAN TARNOFSKY**

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

**9625 VERONA LAKES BLVD.**

City

**BOYNTON BEACH**

FL

Zip Code

**33437**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **TARNOFSKY, JOAN**  
STREET ADDRESS **6637 BOCA HERMOSA LANE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **TARNOFSKY, JOAN**  
STREET ADDRESS **9625 VERONA LAKES BLVD.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/02)