

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-19-2001 90053 012 ***150.00

DOCUMENT # **J59538**
 1. Entity Name
Forbes Hamilton Management Co.

Principal Place of Business Mailing Address
16 N. Clyde Ave
Kissimmee, FL 34741

2. Principal Place of Business 3. Mailing Address
123 S. Clyde Ave **123 S. Clyde Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State
Kissimmee, FL **Kissimmee, FL**
 Zip Country Zip Country
34741 USA **34741 USA**

4. FEI Number
5928160193 Applier For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

7. Name and Address of New Registered Agent
 Name **THOMAS JOHNSON**
 Street Address (P.O. Box Number is Not Acceptable)
123 S. Clyde Ave
 City **Kissimmee** **FL** Zip **34741**

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  (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!!! FEES \$150.00
After MAY 1, 2001 Fee will be \$850.00
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 NAME STREET ADDRESS CITY-ST-ZIP	TOM JOHNSON <input type="checkbox"/> Delete 1468 COMPASS CT V.P. KISS., FL. 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD F. FORBES <input type="checkbox"/> Delete 125 SEAGULL LANE PLES. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **3/1/01** **402-847-2111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (11/00)