

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90094 037 \*\*\*150.00

**DOCUMENT # K00807**

1. Entity Name  
**FORESTEK, INC.**



Principal Place of Business  
**88521 OVERSEAS HWY  
TAVERNIER FL 33070  
US**

Mailing Address  
**88521 OVERSEAS HWY  
TAVERNIER FL 33070  
US**

70011913



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 **65-0016096**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, RICHARD ALLEN, JR.  
88521 OVERSEAS HWY  
TAVERNIER FL 33070**

Name

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

City

**FL**

Zip Code

8. The above named entity adopts 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]*

**No Changes**

**01/08/03**

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 **DV**  
NAME **MCCLLENITHAN, BRUCE S.**  
STREET ADDRESS **148 KEY HEIGHTS DR**  
CITY-ST-ZIP **TAVERNIER FL**

☐ Delete

TITLE **DP**  
NAME **WOOD, RICHARD ALLEN, JR.**  
STREET ADDRESS **192 S. AIRPORT RD**  
CITY-ST-ZIP **TAVERNIER FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \*

01/08/03

305/852-4300

Date

Daytime Phone #