

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90098 024 \*\*\*\*50.00

0040457

**DOCUMENT # L00000011962**

1. Entity Name

**FORREST RUGS, L.L.C.**

Principal Place of Business

**1601 BERN CREEK LOOP  
SARASOTA FL 34240**

Mailing Address

**1601 BERN CREEK LOOP  
SARASOTA FL 34240**

**B0042577**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

**65-1045789**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORREST, ANN  
1601 BERN CREEK LOOP  
SARASOTA FL 34240**

Name

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

City

**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.

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **FORREST, ANN**  
STREET ADDRESS **1601 BERN CREEK LOOP**  
CITY-ST-ZIP **SARASOTA FL 34240**

☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
NAME **FORREST, WILLIAM**  
STREET ADDRESS **MILLHOUSE, CLEYHORN, LANARK**  
CITY-ST-ZIP **SCOTNCI VK**

☒ Change ☐ Addition  
**VP  
FORREST WILLIAM  
MILLHOUSE, CLEYHORN, LANARK  
SCOTLAND**

TITLE **VPS** ☐ Delete  
NAME **WHITE, JAMES**  
STREET ADDRESS **1601 BERN CREEK LOOP**  
CITY-ST-ZIP **SARASOTA FL 34240**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)