

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003759

1. Entity Name

FORGE STRENGTH SYSTEMS, LLC

Principal Place of Business

4930 SANDPIPER LANE
ST PETERSBURG FL 33711

Mailing Address

4930 SANDPIPER LANE
ST PETERSBURG FL 33711-4656

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEMAN, BRUCE
4930 SANDPIPER LANE
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR JOHNSTON, KENT ☐ Delete
STREET ADDRESS 16805 226TH AVENUE N.E.
CITY- ST- ZIP WOODINVILLE WA 98072

TITLE NAME MGR FRIEMAN, BRUCE ☐ Delete
STREET ADDRESS 4930 SANDPIPER LANE
CITY- ST- ZIP ST PETERSBURG FL 33711

TITLE NAME MGR FAVRE, BRETT ☐ Delete
STREET ADDRESS 8 CRANE PARK
CITY- ST- ZIP HATTISBURG MS 39402-8330

TITLE NAME MGR WHITE, REGGIE ☐ Delete
STREET ADDRESS 3013 WATERFORD DRIVE
CITY- ST- ZIP TWINSBURG OH 44087

TITLE NAME MGR JOHNSTON, ALLEN ☐ Delete
STREET ADDRESS P.O. BOX 164
CITY- ST- ZIP COOLIDGE TX 76635

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 200003268652 ☐ Change ☐ Addition
STREET ADDRESS -05/26/00--01081--026
CITY- ST- ZIP *****50.00 *****50.00

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

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

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

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

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:

BRUCE FRIEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/00

Date

727-469-0189

Daytime Phone #

CR2E083 (9/99)