

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018474 AF

DOCUMENT # L99000003759

1. Entity Name

FORGE STRENGTH SYSTEMS, LLC

FILED

01 JUL 30 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

59-3725563

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

FRIEMAN, BRUCE  
4930 SANDPIPER LANE  
ST PETERSBURG FL 33711

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

1.00004513021--7

-08/02/01--01068--006

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

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

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

TITLE NAME ☐ Delete  
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)(l), 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.

(Manager)

SIGNATURE:

*Bruce Frieman*

Bruce Frieman

4/28/01 727-430-1037

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

Date

Daytime Phone #

CR2E083 (11/00)