2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003759

1. Entity Name

FORGE STRENGTH SYSTEMS, LLC



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90002 013 ****50.00

				V. Tris					
Principal Pla	ce of Business	Mailing Address		-	1				_
4930 SANDPIPER LANE ST PETERSBURG FL 33711		4930 SANDPIPER LANE ST PETERSBURG FL 33711	4930 SANDPIPER LANE ST PETERSBURG FL 33711						
		•						111 1111 1111 1111	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Num	1ber 59-3725563		Applied For	
Zip Country		Zip	Country Country		5. Certifica	ite of Status Desired	□ \$5.00 Fee Rec	Not Applicable Additional	
	6. Name and Address of Curre	nt Registered Agent			7. Name as	nd Address of New Reg		luijeu	\dashv
EDI	EMAN POLICE			Name			<u> </u>		٦
FRIEMAN, BRUCE 4930 SANDPIPER LANE ST PETERSBURG FL 33711				Street Address (ss (P.O. Box Number is Not Acceptable)				
0,	r Erenobolia i E 50/11								7
				City			L. P.	Code	┪
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered	office or register	red agent, or b	ooth, in the State of Florid	a. I am familiar w	ith, and accept	7
	•								
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE	E: Registered A	Agent signature required	when reinstating)		DATE		1
	•	FILE NO)W!!! FE	EE IS \$50.00					7
		Make Check Payabl			nt of State				
			By May	1, 2003		•			1
9,	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS/CH	KANGES],
TITLE NAME	JOHNSTON, KENT	☐ Delete	TITLE NAME				☐ Chan	ge 🔲 Addition	١١
STREET ADDRESS	16805 226TH AVENUE N.E.			ADDRESS					
CITY-ST-ZIP	WOODINVILLE WA 98072		CITY-S						}
TITLE	MGR	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Chane	ge 🗀 Addition	, <u>}</u>
NAME	FRIEMAN, BRUCE		NAME						19
STREET ADDRESS	4930 SANDPIPER LANE			ADDRESS					1
CITY-ST-ZIP	ST PETERSBURG FL 33711 MGR	agga waa ji ga <u>a</u>a gaadaa s	CITY-ST	T-ZIP	· · · · · · · · · · · · · · · · · · ·				_
TITLE NAME	FAVRE, BRETT	☐ Delete	TITLE				Chang	ge 🔲 Addition	1
STREET ADDRESS	8 CRANE PARK		NAME	ADDRESS					
CITY-ST-ZIP	HATTISBURG MS 39402-8330		CITY-ST						Į
TITLE	MGR	□ Delete	TITLE				Chang	n	\exists
NAME	WHITE, REGGIE	Li Dene	NAME				LJ Glang	ge	
STREET ADDRESS	3013 WATERFORD DRIVE		STREET	ADDRESS					ļ
CITY-ST-ZIP	TWINSBURG OH 44087		CITY-ST	r-ZIP					
TITLE	MGR	☐ Delete	TITLE				☐ Chang	e 🔲 Addition	1
NAME	JOHNSTON, ALLEN		NAME				_		1
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 164 COOLIDGE TX 76635		STREET A						
TITLE			CITY-ST						4
NAME ***	and the second of the second o	Delete .	TITLE NAME		775	ر موسور معا ما داد. 2- ومداد مادری و موم داده	☐ Chang	e 🗌 Addition	
STREET ADDRESS	•	12 1	STREET A	- 1	• •			٠	
CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * *	\$AV	CITY-ST			and the second of the	and with	· · · · · · · · · · · · · · · · · · ·	1
11 Lharabu a	ortifut hat the information as a life of all	D 46 1 600							_

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.

Bruce Frieman

SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING MANAGING M

2-22-03

Date

727-430-1037