

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80362

1. Entity Name

FORREST & COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

1500 ROBERTS DRIVE
JACKSONVILLE BCH FL 32250
US

1500 ROBERTS AVENUE
JACKSONVILLE BEACH FL 32266-5066
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1112 THIRD ST
#7

1112 THIRD ST
#7

NEPTUNE BEACH, FL
32266 USA

NEPTUNE BCH, FL
32266 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORREST, ALLEN W.
1500 ROBERTS AVENUE
JACKSONVILLE BEACH FL 32250

Name

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

City

FL

Zip Code 32266

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	FORREST, ALLEN W.	
STREET ADDRESS	259 CORAL WAY	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FORREST, HELEN F.	
STREET ADDRESS	259 CORAL WAY	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90066 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2940029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1/3/00

904/246-1040