

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90148 050 ***150.00

DOCUMENT # P00000012404

1. Entity Name
HUGH FORSYTHE, INC.



Principal Place of Business
**7510 DARTMOUTH AVE. N.
ST PETERSBURG FL 33710**

Mailing Address
**7510 DARTMOUTH AVE. N.
ST PETERSBURG FL 33710**



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
58-3624013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORSYTHE, HUGH
7510 DARTMOUTH AVE. N.
ST PETERSBURG FL 33710**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D FORSYTHE, HUGH**
STREET ADDRESS **7510 DARTMOUTH AVE. N.**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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
HUGH FORSYTHE

Pres.

4/3/03

727 344-6114

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90079051

P00000012404

4/7/03

DEAR Dept. of STATE

I Believe That YOU ALL
HAVE TRANSCRIBED THE WRONG
FEIN # ON THIS REPORT

YOU HAVE IT WRITTEN AS:

58-3624013

I believe the correct

NUMBER IS:

59-3624013

PLEASE CHECK AND VERIFY,

CORRECT IF NECESSARY AND

NOTIFY ME OF ANY ACTION.

Hm phone

727 344-6114

Thanks
Hugh Forsythe