

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000118043**

1. Entity Name

FORREST DESIGN BUILD, INC.**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90302 032 ***150.00

Principal Place of Business

**11225 PRINCESSA LANE
JACKSONVILLE FL 32218**

Mailing Address

**11225 PRINCESSA LANE
JACKSONVILLE FL 32218**

2. Principal Place of Business

626 Hwy 17

3. Mailing Address

P.O. Box 908

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YULEE, FL

City & State

YULEE, FL

Zip

32097

Country

USA

Zip

32041-0908

Country

USA

4. FEI Number

59-3989797

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BROOKS, JOHN F
11225 PRINCESSA LANE
JACKSONVILLE FL 32218**

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 _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BROOKS, JOHN F**
STREET ADDRESS **11225 PRINCESSA LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

JOHN F. BROOKS, PRESIDENT

Date

16 Apr 01

Daytime Phone #

904 759-9357

CR2E034 (10/00)