

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90600 037 \*\*\*150.00

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**DOCUMENT # P01000079525**

1. Entity Name  
**FORRESTER ENTERPRISES, INC.**



Principal Place of Business  
10220 WEST HWY 326  
OCALA FL 34482

Mailing Address  
10220 WEST HWY 326  
OCALA FL 34482

2. Principal Place of Business  
**1801 13th Ave. East**  
Suite, Apt. #, etc.

3. Mailing Address  
**4196 Banbury Circle**  
Suite, Apt. #, etc.

City & State  
**Bradenton, FL**

City & State  
**Parrish, FL**

Zip  
**34208**

Country  
**Manatee**

Zip  
**34219**

Country  
**Manatee**

4. FEI Number **65-1131144**

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

**FORRESTER, LARRY G**  
10220 WEST HWY 326  
OCALA FL 34482

7. Name and Address of New Registered Agent

Name  
**Forrester, Brian C.**

Street Address (P.O. Box Number is Not Acceptable)  
**4196 Banbury Circle**

City  
**Parrish**

State  
**FL**

Zip Code  
**34219**

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 *Brian C Forrester* **4/15/03**

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	PD	<input type="checkbox"/> Delete
NAME	FORRESTER, LARRY G	
STREET ADDRESS	10220 WEST HWY 326	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FORRESTER, BRIAN C	
STREET ADDRESS	4196 BANBURY CIRCLE	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FORRESTER, NANCY M	
STREET ADDRESS	10220 WEST HWY 326	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FORRESTER, ROBIN D	
STREET ADDRESS	4196 BANBURY CIRCLE	
CITY-ST-ZIP	PARRISH FL 34219	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Brian C Forrester* **4/15/03** (941) 748-5215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)