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

P02000006932

DOCUMENT #

NANCY FORBES & ASSOCIATES, INC.

1. Entity Name

FILED Jul 28, 2003 8:00 am **Secretary of State** 

7/: 07-16-2003 90039 024 \*\*\*150.00

Principal Place of Business Mailing Address 55052579 2202 CURRY FORD ROAD 2202 CURRY FORD ROAD SUITE D SINTE D ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 03-038444 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORBES, NANCY L -Street Address (P.O. Box Number is Not Acceptable) 2202 CURRY FORD ROAD SUITE D ORLANDO FL 32806 City 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORBES, NANCY L NAME NAME 2202 CURRY FORD ROAD, SUITE D CR2E034 STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleté TITLE ☐ Change ☐ Addition FORBES, JAMES H NAME NAME 2202 CURRY FORD ROAD, SUITE D STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY\_ST. 7P CITY-ST-7IP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Сћапое Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Celeta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 certify 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

Nakangare Required SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Attackment PO2000006932

Nancy Forbes & Associates, Inc.

2202 Curry Ford Rd., Suite D

Orlando, FL 32812

(407) 898-8108

July 1, 2003

State of Florida

Department of State

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

To Whom It May Concern:

I am in receipt of the Uniform Business Report (UBR) for my company. I notice that there is a \$400.00 penalty for late filing. I couldn't file before because I didn't get a form. This is the first I knew of this requirement.

I have enclosed a completed Uniform Business Report (UBR) for Nancy Forbes & Associates, Inc. and a check for \$150.00. I am asking that you please accept my form and check for \$150.00 and forgive the penalty of \$400.00.

Thank you for any consideration you may give me.

Sincerely,

Nancy Forbes