

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

DOCUMENT # **P02000041772**

1. Entity Name
FOR THE SONS, INC.



Principal Place of Business
1636 OCEAN FOREST DRIVE
FERNANDINA BEACH FL 32034

Mailing Address
1636 OCEAN FOREST DRIVE
FERNANDINA BEACH FL 32034

2. Principal Place of Business
1881 South 14th Street

3. Mailing Address
1881 South 14th Street

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

Zip
32034

Country
US

Zip
32034

Country
US

4. FEI Number

01-0682335

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

FORGASON, CHARLES E III
1636 OCEAN FOREST DRIVE
FERNANDINA BEACH FL 32034

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

NO CHANGES

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

Charles E. Forgason III **owner/operator** **1/14/03**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (10/02)

TITLE
PT

NAME
FORGASON, CHARLES E III

STREET ADDRESS
1636 OCEAN FOREST DRIVE

CITY-ST-ZIP
FERNANDINA BEACH FL 32034

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
VS

NAME
FORGASON, CHRISTINA G

STREET ADDRESS
1636 OCEAN FOREST DRIVE

CITY-ST-ZIP
FERNANDINA BEACH FL 32034

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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:

Charles E. Forgason III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 (904)261-7655

Daytime Phone #