FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047261

1. Entity Name
FORE AND AFTER, INC.

11039115

Principal Place of Business
1833 PICCADILLY CIRCLE
122
CAPE CORAL, FL 33991

Mailing Address
1833 PICCADILLY CIRCLE
122
CAPE CORAL, FL 33991

2. Principal Place of Business	3. Mailing Address
17105 San Carlos Blvd	17105 San Carlos Blvd
Suite, Apt. #, etc. F-12	Suite, Apt. #, etc. F-12
City & State Ft. Myers Beach, FL	City & State Ft. Myers Beach, FL
Zip 33931 Country Lee	Zip 33931 Country Lee

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 56 232 1856 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAHER, ROBERT
1601 JACKSON STREET
SUITE 201
FORT MYERS, FL 33901

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

SIGNATURE ______________________________ 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gilbert Swanson 17105 San Carlos Blvd Ft Myers Beach, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______________________________ 4/29/03 239.454.0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #