FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000085514

1. Entity Name

Richard Forbis INc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1876 TRade CenterWAY
Suite, Apt. # etc.
B
City & State
NAples FlA
Zip
34109
Country
USA

3. Mailing Address
Suite, Apt. # etc.
SAME
City & State
Zip
Country

4. FEI Number
820557800
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Richard Forbis
Street Address (P.O. Box Number is Not Acceptable):
1876 TRade Center WAY
City: NAples FL Zip Code: 34109

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 my position as registered agent.

SIGNATURE: T Forbis for T Forbis 9/23/03
Signature required from registered agent authorizing change(s). (Typed or printed name of registered agent and title if applicable.) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT / Director / Secretary / TREASURER
NAME	Richard Forbis
STREET ADDRESS	1876 TRADE CENTER WAY
CITY-ST-ZIP	NAples FLORIDA 34109

200023804812
10/15/03--01007--027 **158.75

CR2E024B (12/02)

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12. I hereby certify that the information supplied with this report is 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 on an attachment with all other like empowered.

SIGNATURE: T Forbis for T Forbis 9/23/03 239 597-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 10/16