


FILED  
Sep 11, 2003 8:00 am  
Secretary of State

8/8/02

08-08-2003 90096 037 \*\*\*150.00

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

<b>DOCUMENT # P02000100170</b>					
1. Entity Name <b>YVONNE A. FORREST LMT, INC.</b>					
EIN #: <b>52-2376888</b>					
Principal Place of Business <b>1710 DREW ST #6 CLEARWATER, FL 33755</b>		Mailing Address <b>1710 DREW ST #6 CLEARWATER, FL 33755</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-2376888</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FORREST, YVONNE A 1710 DREW ST #6 CLEARWATER, FL 33755</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
A. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
FORREST, YVONNE A 1710 DREW ST #6 CLEARWATER, FL 33755					
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Yvonne Forrest, LMT</u> 8/5/03 (727) 442-7744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

55056351

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)