

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90174 034 ***158.75

0672912
MR

DOCUMENT # P22492

1. Entity Name
FORISTER BUILDERS, INC.



Principal Place of Business
**201 STILLWATER
SUITE 4 & 5
WIMBERLEY TX 78676**

Mailing Address
**P.O. BOX 2787
WIMBERLEY TX 78676**



2. Principal Place of Business
221 Stillwater

3. Mailing Address

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

City & State
Wimberley TX

City & State

4. FEI Number **74-1777169**

Applied For
Not Applicable

Zip
78676

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORISTER, WAYNE
1318 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082**

Name
Street Address (P.O. Box Number is Not Acceptable)
10672 Quail Ridge Drive

City **St. Augustine FL** Zip Code **32095**

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 \$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
**EVPD
FORISTER, TRIGG
P. O. BOX 2787
WIMBERLEY TX 78676** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
FORISTER, WAYNE
1318 PONTE VEDRA BEACH
PONTE VEDRA BEACH FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10672 Quail Ridge Drive
St. Augustine FL 32095** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHUMANN, EDIE S.
193 BARTON RANCH CIRCLE
DRIPPING SPRGS TX** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

(512) 847-3122

Date

Daytime Phone #

CR2E034 (10/02)