CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P93000066932 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90096 018 ***150 00 FORREST CONSULTANTS, INC. Principal Place of Business Mailing Address 1272 YACHT HARBOR DRIVE 1272 YACHT HARBOR DRIVE SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 04-2973864 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONALD, MARSHALL III Street Address (P.O. Box Number is Not Acceptable) 14814 DRAFTHORSE LANE W PALM BEACH FL 33414 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTM TITLE ☐ Delete TITLE ☐ Change Addition WALSH, DAVID A NAME NAME 1272 YACHT HARBOR DR STREET ADDRESS STREET ADDRESS SINGER ISLAND FL 33404 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition WALSH, JOANNE P NAME NAME 1272 YACHT HARBORDR STREET ADDRESS STREET ADDRESS SINGER ISLAND FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE -TITLE - 🔀 - Change ■ Addition -⊡-Delete ORTIZ, JOHN F. NAME NAME 110 PLEASANT RIDGE CIRCLE 28 SUGARLOAF AVE STREET ADDRESS STREET ADDRESS **CONYNGHHAM PA 18219** CITY-ST-ZIP CITY-ST-ZIP 18249 SUGARLOAF TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561-848-6396