

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90272 005 \*\*\*150.00

**DOCUMENT # P93000074808**

1. Entity Name

**FORNESS & COMPANY, P.A.**

Principal Place of Business

**350 E PINE ST  
 ORLANDO FL 32801  
 US**

Mailing Address

**350 E PINE ST  
~~200 E ROBINSON ST~~  
 ORLANDO FL 32801  
 US**

2. Principal Place of Business

3. Mailing Address

**350 E. Pine St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orlando, FL**

Zip

Country

Zip

Country

**32801**

4. FEI Number

**59-3206996**

Applied For

Not Applicable

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

**FORNESS, A W JR  
 350 E PINE ST  
 ORLANDO FL 32801**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **FORNESS, A W JR**  
 STREET ADDRESS **350 E PINE ST**  
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/01 407-422-1681**

Date

Daytime Phone #

CS2F034 (5/01)

FORNESS & COMPANY, P. A.

CERTIFIED PUBLIC ACCOUNTANTS

350 EAST PINE STREET  
ORLANDO, FLORIDA 32801

(407) 422-1681  
(800) 222-1681  
FACSIMILE (407) 423-1681

Attachment  
D# P930000748 US  
A0084046

August 29, 2001

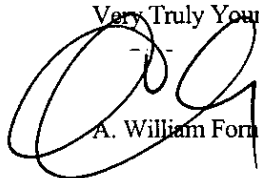
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Gentlemen:

I respectfully request that the penalty for the enclosed return be waived in as much as I did not receive the enclosed form until the second mailing because of an incorrect address. As you can see from the attached mailing label the post office did in fact correct the address on this second attempt for delivery.

Your consideration would be appreciated.

Very Truly Yours,



A. William Forness, Jr.