2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000047328

1. Entity Name FORBES, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90471 034 ***150.00

TITLE NAME NAME O HAIRE, THOMAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP Change Addition Addition Addition ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP											
Suite, Apt. #, etc. City & State Country Country Country S. Certificate of Status Desired See To Additional For Required For Required Since Additions (Po. Box Number is Not Acceptable) Since Additions (Po. Box Number is Not Acceptable) City FL Zip Code 8. This above and entity submits this statement for the purpose of changing its reg stated office or registered agent, or both, in the State of Florida. I are familiar with, and accept the acciptance of agent and anothy submits this statement for the purpose of changing its reg stated office or registered agent, or both, in the State of Florida. I are familiar with, and accept the acciptance of agent and anothy submits this statement for the purpose of changing its reg stated office or registered agent, or both, in the State of Florida. I are familiar with, and accept the acciptance of agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent another familiar with and acceptable of Formation of agents agent agents agent another familiar with and acceptable of Formation of agents agent agents agent another familiar with and acceptable of Formation of Acceptable of Formation	3475 OCEAN VERO BEACH	DRIVE	3111	CARDINAL DRIVE	1						
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Scription Scription Status Desired Status Desired Agent Status Desired D	Suite, Apt.	. #, etc.	Sui	Suite, Apt. #, etc.				CHECK HERE IF M	IAKING C	:HANGES	
Exp	City & Star	te	City	City & State			65-1499115				
6. Name and Address of Current Registered Agent O'HAIRE, MICHAEL 3111 CARDINAL DR. VERO BEACH FL City FL 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 Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE DO I Delete O'HAIRE, SHELAGH STIRET ADDRESS 3111 CARDINAL DRIVE O'HAIRE, SHELAGH STIRET ADDRESS 3475 OCEAN DIRVE O'HAIRE, SHELAGH STIRET ADDRESS 3475 OCEAN DRIVE O'HAIRE, GAIL TITLE DO I Delete O'HAIRE, GAIL TITLE DO HAIRE, FRID O'HAIRE, GAIL TITLE DO HAIRE, FRID O'HAIRE, GAIL TITLE DO HAIRE, FRID O'HAIRE, SHELAGH STIRET ADDRESS 3475 OCEAN DRIVE O'HAIRE, GAIL TITLE DO HAIRE, FRID O'HAIRE, SHELAGH STIRET ADDRESS 3475 OCEAN DRIVE O'HAIRE, GAIL TITLE DO HAIRE, SHELY O'HAIRE, SHELY	Zip		y Zip	Zip Country			5. 0	Certificate of Status Desired [8.75 Add	fitional
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City FL Zip Code	O'HAIRE,	MICHAEL					/D.O. D.	***			
8. The above named entity sucmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fam liker with, and accept the origistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFF CERS AND DIRECTORS IN 11 TITLE NOME O HAIRE, THOMAS STREET ADDRESS OTY-ST-2P VERO BEACH FL OTY-ST-2P VERO BEACH FL OHAIRE, SALE STREET ADDRESS OTY-ST-2P VERO BEACH FL TITLE O HAIRE, GAIL STREET ADDRESS OTY-ST-2P VERO BEACH FL OTH-ST-2P VERO BEACH FL OTH-ST-2P VERO BEACH FL OTH-ST-2P VERO BEACH FL OHAIRE, SALE STREET ADDRESS OTH-ST-2P VERO BEACH FL OHAIRE, SALE STREET ADDRESS OTH-ST-2P VERO BEACH FL OTH-ST-2P VERO B	3111 CAR	rdinal dr.		Street Address			(H.O. Box Numper is Not Acceptable)				
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		ertify that the information	on supplied with this filing	does not qualify for			ection 1	19.07(3)(i). Florida Statutes I furth	ner certify	that the in	formation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR