

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90471 034 \*\*\*150.00

**DOCUMENT # P94000047328**

1. Entity Name  
**FORBES, INC.**



Principal Place of Business  
**3475 OCEAN DRIVE  
VERO BEACH FL 32963  
US**

Mailing Address  
**3111 CARDINAL DRIVE  
VERO BEACH FL**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-0499115**

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

**O'HAIRE, MICHAEL  
3111 CARDINAL DR.  
VERO BEACH FL**

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. 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 **PD** ☐ Delete  
NAME **O HAIRE, THOMAS**  
STREET ADDRESS **3111 CARDINAL DRIVE**  
CITY-ST-ZIP **VERO BEACH FL**

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

TITLE **VD** ☐ Delete  
NAME **O'HAIRE, SHELAGH**  
STREET ADDRESS **3475 OCEAN DRIVE**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME **MCCRACKEN, SHELAGH O.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **O HAIRE, GAIL**  
STREET ADDRESS **2205 COVE DRIVE**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3475 OCEAN DR**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **TD** ☐ Delete  
NAME **O HAIRE, ERIN**  
STREET ADDRESS **2475 OCEAN DRIVE**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME **METZ, ERIN O.**  
STREET ADDRESS **3475 OCEAN DR**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☐ Delete  
NAME **O'HAIRE, KELLY**  
STREET ADDRESS **3475 OCEAN DR**  
CITY-ST-ZIP **VERO BCH FL**

TITLE ☒ Change ☐ Addition  
NAME **SCHILL, KELLY O.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)