

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016924

1. Entity Name
FORCE HOLDINGS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 PM 1:31

Principal Place of Business
**600 E. Colonial Drive
Suite 200
Orlando, Florida 32803**

Mailing Address
~~**600 E. Colonial Drive
Suite 200
Orlando, Florida 32803**~~

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
215 North Eola Drive
Suite, Apt. #, etc.

REINSTATEMENT *00*
DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

Zip Country
32801 U.S.A.

4. FEI Number
65-0646030

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**H. Gregory McNeill
215 North Eola Drive
Orlando, Florida 32801**

7. Name and Address of New Registered Agent

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 *H. Gregory McNeill* **10/20/00**
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE P	NAME Perkins, Jerry E.	<input type="checkbox"/> Delete
STREET ADDRESS 600 E. Colonial Drive		
CITY-ST-ZIP Suite 200 Orlando, Florida 32803		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		400003473274--9	-11/21/00--01101--0015	
		****750.00	****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jerry E. Perkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jerry E. Perkins, President

10/26/00 **(407) 650-9400**
Date Daytime Phone #

CR2E034 (9/99)