

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90160 010 \*\*\*150.00

**DOCUMENT # P96000034465**

1. Entity Name  
**FORR-FLORIDA, INC.**

Principal Place of Business  
**11 PINE LAKES PKWY NORHT  
 PALM COAST FL 32137  
 US**

Mailing Address  
**11 PINE LAKES PKWY NORTH  
 PALM COAST FL 32137  
 US**

2. Principal Place of Business  
**4 DEVIN CT**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 354588**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**PALM COAST, FL**  
 Zip  
**32137**  
 Country  
**USA**

City & State  
**PALM COAST, FL**  
 Zip  
**32135**  
 Country  
**USA**

4. FEI Number **59-3381710**

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**

**WILLIAM G FORREST  
 11 PINE LAKES PKWY N  
 PALM COAST FL 32137**

Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4 DEVIN CT**  
 City **PALM COAST** **FL** Zip Code **32137**

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 *William G Forrest*

DATE **4-11-01**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>WILLIAM G FORREST</b>	<b>11 PINE LAKE PKWY N</b>	<b>PALM COAST FL 32137</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>WILLIAM G FORREST</b>	<b>PO BOX 354588</b>	<b>PALM COAST, FL 32135</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *William G Forrest*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-11-01** (386) 447-8989

DATE

DAYTIME PHONE #

CR2E034 (10/00)