

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90470 038 \*\*\*150.00

**DOCUMENT # P96000087086**

1. Entity Name

**FORESET CORPORATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**140 Southeast 5th Ave**

3. Mailing Address

**200 W. CAMINO REAL**

Suite, Apt. #, etc.

**Suite 439**

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**BOCA RATON, FL**

4. FEI Number

**65-0741481**

Applied For

Not Applicable

Zip

**33432**

Country

**USA Beach**

Zip

**33432**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**HENRY POWELL**

Street Address (P.O. Box Number is Not Acceptable)

**200 W. Camino Real**

City

**Boca Raton**

**FL**

Zip Code

**33432**

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

*Henry Powell*

**HENRY POWELL**

**April 23, 2004**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WOLLGIEHN, HERBERT R.  
140 Southeast 5th Ave. STE 439**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HENRY POWELL  
200 W. Camino Real  
Boca Raton, FL 33432**

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Henry Powell*

**HENRY POWELL**

**4/23/04**

**(561) 338-7113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)