

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000075268****1. Entity Name**
FORKINDER, INC.**Principal Place of Business**

6901 22 AVE N #780

ST. PETE
33710

FL

Mailing Address

6901 22 AVE N #780

ST. PETE
33710

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3464887**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BROCHETTI GARY**
211 HARBORVIEW LANE**LARGO**
33770

US

FL

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**

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

(NOTE: Registered Agent signature required when reinstating)

04/03/2000

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	V	<input type="checkbox"/> Delete
NAME	HEBERT JAY	
STREET ADDRESS	13560 49 ST N	
CITY-ST-ZIP	CLEARWATER FL 33762	

TITLE	T	<input type="checkbox"/> Delete
NAME	DODARO MICHAEL	
STREET ADDRESS	10298 130 ST	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	S	<input type="checkbox"/> Delete
NAME	BROCHETTI GARY	
STREET ADDRESS	211 HARBORVIEW LANE	
CITY-ST-ZIP	LARGO FL 33779	

TITLE	P	<input type="checkbox"/> Delete
NAME	FORTUNATO VINNY	
STREET ADDRESS	135 20 AVE N	
CITY-ST-ZIP	ST PETE FL 33704	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNATO VINNY	
STREET ADDRESS	135 20 AVE N.	
CITY-ST-ZIP	ST. PETE FL 33704	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCHETTI GARY	
STREET ADDRESS	211 HARBORVIEW LANE	
CITY-ST-ZIP	LARGO FL 33779	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: GARY BROCHETTI****P 04/03/2000**