

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100741

1. Entity Name

FORRESTER-SMITH, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90149 009 ***150.00

Principal Place of Business

213 HOBBS ST
TAMPA FL 33619

Mailing Address

P.O. BOX 2540
BRANDON FL 33509-2540

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

59-3490150

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

HUGHES, H. WINGFIELD
4029 BELL GRANDE DR
VALRICO FL 33594

new address

Name

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

5306 Pinerocklands Ave.

City Lithia

FL

Zip Code 33547

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]

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

(NOTE: Registered Agent signature required when reinstating)

1-10-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, H. WINGFIELD	
STREET ADDRESS	4029 BELL GRANDE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHES, BETSEY	
STREET ADDRESS	3840 GLENCOE DR	
CITY-ST-ZIP	BIRMINGHAM AL 35213	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUGHES, DOROTHY	
STREET ADDRESS	4029 BELL GRANDE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, JAMES	
STREET ADDRESS	60 WEST POMFRET	
CITY-ST-ZIP	CARLISLE PA 17013	
TITLE		<input type="checkbox"/> Delete
NAME	MOSHER, SUSAN	
STREET ADDRESS	3707 KINGS FORD PLACE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELDRETH, JAMES	
STREET ADDRESS	3807 POLUMBA DR	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5306 PINEROCKLANDS AVE.	
STREET ADDRESS	LITHIA, FL 33547	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5306 PINE ROCKLANDS AVE	
STREET ADDRESS	LITHIA, FL 33547	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Mosher, Susan	
CITY-ST-ZIP	3707 Kings Ford Pl Valrico, FL 33594	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

813-829-9800

Daytime Phone #

CR2E034 1/9/99