

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100741

1. Entity Name

FORRESTER-SMITH, INC.

Principal Place of Business

213 HOBBS ST
TAMPA FL 33619

Mailing Address

P.O. BOX 2540
BRANDON FL 33509

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

HUGHES, H. WINGFIELD
5306 PINEROCKLANDS AVE
LITHIA FL 33547

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)

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

TITLE P
NAME HUGHES, H. WINGFIELD
STREET ADDRESS 5306 PINEROCKLANDS AVE
CITY-ST-ZIP LITHIA FL 33547 ☐ Delete

TITLE V
NAME HUGHES, BETSEY
STREET ADDRESS 3840 GLENCOE DR
CITY-ST-ZIP BIRMINGHAM AL 35213 ☐ Delete

TITLE S
NAME HUGHES, DOROTHY
STREET ADDRESS 5306 PINEROCKLANDS AVE
CITY-ST-ZIP LITHIA FL 33547 ☐ Delete

TITLE T
NAME HUGHES, JAMES
STREET ADDRESS 60 WEST POMFRET
CITY-ST-ZIP CARLISLE PA 17013 ☐ Delete

TITLE S
NAME MOSHER, SUSAN
STREET ADDRESS 3707 KINGS FORD PLACE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D
NAME HELDRETH, JAMES
STREET ADDRESS 3807 POLUMBA DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR:
NAME KRISTEN M. TANNER
STREET ADDRESS 12431 WINDMILL COVE DR.
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 (813) 8299800

Date

Daytime Phone #

CR2E034 (10/00)

0333061



DO NOT WRITE IN THIS SPACE