

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90072 047 ***155.00

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

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
5306 PINEROCKLANDS AVE
LITHIA FL 33547**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☐ Change ☒ Addition
NAME **KRISTEN TANNER**
STREET ADDRESS **12431 WINDMILL CREEK DR.**
CITY-ST-ZIP **RIEVIEW, FL 33569**

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)