

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046017

1. Entity Name

ALWAYS & FOREVER, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90080 006 \*\*\*150.00

Principal Place of Business

Mailing Address

37 WEST OSCEOLA STREET  
STUART FL 34994  
US

3535 SE DOUBLETEN DR.  
STUART FL 34997-5627

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 **65-0838706**

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

PETITT, RICHARD G  
3535 SE DOUBLETEN DRIVE  
STUART FL 34997

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, 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 **P** ☐ Delete  
NAME **PETITT, BARBARA A**  
STREET ADDRESS **3535 SE DOUBLETEN DR.**  
CITY-ST-ZIP **STUART FL 34997**  
TITLE **VPCS** ☐ Delete  
NAME **PETITT, RICHARD G**  
STREET ADDRESS **3535 SE DOUBLETEN DRIVE**  
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Petitt, Brian**  
CITY-ST-ZIP **3286 SW Solitaire Palm Dr. Palm City, FL 34990**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Petitt, Lorraine**  
CITY-ST-ZIP **3286 SW Solitaire Palm Dr. Palm City, FL 34990**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Petitt, Colleen**  
CITY-ST-ZIP **3535 SE Doubleton Dr. Stuart, FL 34997**

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **Petitt, Craig**  
CITY-ST-ZIP **7837 Manor Forest Ln. Boynton Beach, FL 33436**

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:

*Richard G. Petitt*

Richard G. Petitt

4/28/00

(561) 287-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)