2000 UNIFORM BUSINESS REPORT (UBR)

DOCUN Entity Name	MENT # P9900001 FOREST, INC.		. >	<u>-</u>		FILED May 16, 2000 8:00 ar Secretary of State 03-31-2000 90041 045 ***150.00	
Principal Place of Business Mailing Address 2535 COUNTRY CLUB BLVD. 2535 COUNTRY CLUB BLVD.			_				
RANGE PARK FL 32073 ORANGE PARK FL							
. Principal Pla	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State		City & State			I	El Number Applied For Not Applied For Not Applicable	
Zip Country		Zip Country				5. Certificate of Status Desired	
	6. Name and Address of Current Re	gistered Agent		<u>-</u>	7. N	lame and Address of New Registered Agent	
Lin, Shin-shin				Name			
2535 COUNTRY CLUB BLVD. ORANGE PARK FL 32073				Street Address (P.O. Box Number is Not Acceptable) City Lip Code			
The above	named entity submits this statement for th	se ourpose of changing its	registered	office or re	gistered age		
ICMATURE	Signature, typed or printed name of registered agent and				required when ro		
This corpo	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	!! FEE !	\$150.00		10. Election Campaign Financing \$5.00 May Be	
(See criteria on back) Make Check Payable			le to Dep		of State	Trust Fund Contribution. Added to Fees	
1.	OFFICERS AND D	RECTORS Delete	12. TITLE		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ame Theet address ITY-ST-ZIP	MCCAULEY, RICHARD 359 PERTHSHIRE ORANGE PARK FL 32073		NAME STREET CITY-S	ADDRESS		Change Addition 7 Published	
TLE Ame Treet address	V SHAYKH, LINA 5688 SYLVAN GLEN RUN	□ Delete		ADDRESS	-	☐ Change ☐ Addition C	
ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	ORANGE PARK FL 32073 S MILLER, DEEVID 147 PASSAGE DR. ORANGE PARK FL 32073	Delete				☐ Change ☐ Addition	
tle Ame Treet address ITY-ST-ZIP	T LIN, SHIN-SHIN 2535 COUNTRY CLUB BLVD. ORANGE PARK FL 32073	☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1		☐ Change ☐ Addition	
indicated of the co	d on this report or supplemental report is upporation or the receiver or trustee emporation or an attachment with an address, w	true and accurate and that wered to execute this report	or the exer my signat t as required.	nption state ure shall ha ed by Char	ive the same iter 607, Flor	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director kida Statutes; and that my name appears in Block 11 or Block 12 if 27, 20:00 (904)276-4542 Date Daytime Phone #	