

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000027237**

1. Entity Name

FORGE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90023 040 ***150.00

Principal Place of Business

1510 A SOUTH 2ND ST.
JACKSONVILLE, FL 32250
U.S.A.

Mailing Address

1510A SOUTH 2ND ST.
JACKSONVILLE BCH, FL 32250
U.S.A.

2. Principal Place of Business

1510A SOUTH 2ND ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

U.S.A.

City & State

Zip

Country

4. FEI Number

59-3566436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES L. BACK
1510A SECOND STREET SOUTH
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name **INGO GRAMMEL**
Street Address (P.O. Box Number is Not Acceptable)
1510A SOUTH 2ND STREET
City **JACKSONVILLE BEACH** FL **32250**

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

Ingo Grammel

INGO GRAMMEL

APRIL 26, 2000

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	PRESIDENT, D	<input type="checkbox"/> Delete
NAME	BRIAN MICHAEL SIEBER	
STREET ADDRESS	1077 CELEBRANT DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VICE-PRESIDENT, D	<input checked="" type="checkbox"/> Delete
NAME	CHARLES L. BACK	
STREET ADDRESS	6633 ALTAMA RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	SECRETARY, D	<input checked="" type="checkbox"/> Delete
NAME	LARRY F. BASSANI	
STREET ADDRESS	5104 COPPEDGE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	TREASURER, D	<input type="checkbox"/> Delete
NAME	INGO GRAMMEL	
STREET ADDRESS	12707 LONGVIEW DR. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGO GRAMMEL	
STREET ADDRESS	12707 LONGVIEW DR. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Ingo Grammel

INGO GRAMMEL

APRIL 26, 2000

904-247-3294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)