

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90127 038 ***150.00

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DOCUMENT # P99000089218

1. Entity Name
FOURBIT GROUP, INC.



Principal Place of Business
**2000 WEST COMMERCIAL BLVD.
SUITE 119
FT. LAUDERDALE FL 33309**

Mailing Address
**2000 WEST COMMERCIAL BLVD.
SUITE 119
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

951 Broken Sound Pkwy NW

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

115

City & State

Boca Raton, FL

City & State

Zip

33487

Country

Palm Beach

Country

4. FEI Number

65-0955756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FOREMNY, BRIAN
2000 WEST COMMERCIAL BLVD.
SUITE 119
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

951 Broken Sound Pkwy, NW

Suite 115

City

Boca Raton

FL

Zip Code

33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete

NAME **RIDGELY, H.M.**
STREET ADDRESS **2000 WEST COMMERCIAL BLVD. 119**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **PD** ☐ Delete

NAME **FOREMNY, BRIAN**
STREET ADDRESS **2000 WEST COMMERCIAL BLVD. 119**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary / Director** ☒ Change ☐ Addition

NAME **Foremny, Brian**
STREET ADDRESS **951 Broken Sound Pkwy NW, Suite 115**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **President / Director** ☐ Change ☒ Addition

NAME **Wilson, John**
STREET ADDRESS **951 Broken Sound Pkwy NW, Suite 115**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **Vice President** ☐ Change ☒ Addition

NAME **Hindson, Thomas**
STREET ADDRESS **951 Broken Sound Pkwy NW, Suite 115**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **Morris, Colin - Director** ☐ Change ☒ Addition

NAME **951 Broken Sound Pkwy NW, Suite 115**
STREET ADDRESS **Boca Raton, FL 33487**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/22/03 954-650-1469

Date

Daytime Phone #

CR2E034 (10/02)