2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91087 050 ***158.75

DOCUMENT # S21648

1. Entity Name
FORREST MANOR APARTMENTS CORP.

Principal Place of Business	Mailing Address
475 HARRISON AVE STE 203-D PANAMA CITY FL 32401-2744	PO BOX 610 MONTICELLO FL 32344

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
460 HARRISON AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PANAMA CITY, FL		City & State	
Zip: 32401	Country: USA	Zip	Country

4. FEI Number 59-3044719 ☐ 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
FAIRCLOTH, CHARLES E. 475 HARRISON AVE STE 203-D PANAMA CITY FL 32401	Name: Street Address (P.O. Box Number is Not Acceptable): 460 HARRISON AVE City: PANAMA CITY FL Zip Code: 32401

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: FAIRCLOTH, CHARLES E STREET ADDRESS: 475 HARRISON AVE CITY-ST-ZIP: PANAMA CITY FL 32401	☐ Delete	TITLE NAME STREET ADDRESS: 460 HARRISON AVE CITY-ST-ZIP: PANAMA CITY, FL 32401	☒ Change ☐ Addition
TITLE: D NAME: GRIMSLEY, WILLIAM C JR STREET ADDRESS: 475 HARRISON AVE CITY-ST-ZIP: PANAMA CITY FL 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #