

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69663

1. Entity Name

FORTON INDUSTRY INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90107 042 ***150.00

Principal Place of Business

Mailing Address

5111 SABAL PALM RD.
UNIT 87
FERNANDINA BEACH FL 32034

5111 SABAL PALM RD.
UNIT 87
FERNANDINA BEACH FL 32034-5668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3078543

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FORTON, MARGARET E
5111 SABAL PALM RD, UNIT 87
FERNANDINA BEACH FL 32034

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 *Margaret E. Forton*
Signature of registered agent and file 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	FORTON, MARGARET	
STREET ADDRESS	5111 SABAL PALM ROAD, UNIT 87	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	FORTON, MARGARET E.	
STREET ADDRESS	5111 SABAL PALM ROAD, UNIT 87	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Margaret E. Forton MARGARET E. FORTON

Date

Daytime Phone #

2-23-00 9042771535

CR2E034 (9/99)