

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050982

Entity Name: FORUM ARCHITECTURE & INTERIOR DESIGN, INC.**Current Principal Place of Business:**237 S. WESTMONTE DRIVE
SUITE 220
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**237 S. WESTMONTE DRIVE
SUITE 220
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 59-3335698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLACK, JAMES B
237 S. WESTMONTE DRIVE
220
ALTAMONTE SPRINGS, FL 32714 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	BLACK, JAMES B
Address	237 S. WESTMONTE DRIVE SUITE 220
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	MCINTYRE, KAREN V
Address	237 S. WESTMONTE DRIVE SUITE 220
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	P
Name	ROARK, ANDREW S
Address	237 S. WESTMONTE DRIVE #220
City-State-Zip:	ALTAMONTE SPRINGS FL 33714

Title	SECRETARY
Name	ROARK, ANDREW SCOTT
Address	237 S. WESTMONTE DRIVE SUITE 220
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW ROARK**PRESIDENT****01/25/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date