

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

03-02-2000 90129 005 \*\*\*150.00

**DOCUMENT # 293580**  
 1. Entity Name  
**FORWARD ENGINEERING, INC.**

Principal Place of Business      Mailing Address  
 1884 DEAN RD      1884 DEAN RD  
 PO BOX 16553      PO BOX 16553  
 JACKSONVILLE FL 32245-3553      JACKSONVILLE FLA 32245-6553

2. Principal Place of Business      3. Mailing Address  
**6717 BEACH BLVD**  
 Suite, Apt. #, etc.      **P.O. Box 16553**

City & State      City & State  
**JACKSONVILLE, FL**      **JAX FL**  
 Zip      Country      Zip      Country  
**32216**      **USA**      **32245**      **USA**

4. FEI Number      Applied For  
**59-1112086**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STOKER, GARY L.**  
**4177 STACEY ROAD**  
**JACKSONVILLE BCH. FL 32250**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTV</b> <b>STOKER, GARY L.</b> <b>4177 STACEY ROAD</b> <b>JACKSONVILLE BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOLBROOK, LEON</b> <b>6849 LA LOMA DR</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOKER, GARY L</b> <b>508 N 6TH ST</b> <b>JACKSONVILLE BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLBROOK, LEON</b> <b>6849 LA LOMA DR.</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 true empowered.

SIGNATURE: GARY L. STOKER      PRES      FEB 24 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)