## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100005743

1. Entity Name

FORWARD DESIGN, L.L.C.

Principal Place of Business

Mailing Address

3857 CAMINO REAL SARASOTA FL 34239

3857 CAMINO REAL SARASOTA FL 34239



08-22-2002 90003 030 \*\*\*\*50.00



2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 1111966	Applied For Not Applicable	
Zip	Country	Zip	Country	- 5.=Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
3857 CAM	z, Jeffrey H Ino Real A FL 34239	·	Name Street Address (P.O. Box Number is Not		FL Zip Code	
ine obligations of	d entity submits this statemed registered agent.  e. typed or printed name of registered	agent and title if applicable.  FIL  Make Chec	(NOTE: Registered Agent signature red E NOW!!! FEE IS \$50.0 k Payable to Departmen	00 ht of State	I am familiar with, and accept	
· <del></del> -			e By September 25, 200	14		
<u></u>	MANAGING ME	MBERS/MANAGERS	10.	ADDITIONS/CHA	ADDITIONS/CHANGES	

9. MOR ☐ Delete ☐ Change Addition s Malaboff NAME E Juniaj NAME 82WL AR SE STREET ADDRESS 6603 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 98040 Merler Isknz, WA TITLE ☐ Delete TITLE GRM ☐ Change NAME NAME Jefficy STREET ADDRESS STREET ADDRESS CAMINO CITY-ST-ZIP CITY-ST-ZIP rásota, FL. 34139 NGRNTITLE ☐ Delete TITLE Katharine R Schwartz Change Addition NAME NAME 3857 Canino Real STREET ADDRESS STREET ADDRESS Sarasota, FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP