

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092670

1. Entity Name

FORWARD DESIGN & DEVELOPMENT, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90107 023 \*\*\*150.00

Principal Place of Business

Mailing Address

286 ST GEORGE STREET  
ST AUGUSTINE FL 32085

286 ST GEORGE STREET  
ST AUGUSTINE FL 32084-5026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604609

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

WARD, CORY E  
286 ST GEORGE STREET  
ST AUGUSTINE FL 32085

Name

WARD, ANDREA

Street Address (P.O. Box Number is Not Acceptable)

286 ST GEORGE ST

ST AUGUSTINE

City

ST AUGUSTINE

FL

Zip Code

32084

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

Signature, typed or printed name of registered agent and title if applicable.

Cory Ward - OUTGOING PRESIDENT MAR 01, 2000

(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	P	Ward, Cory E	<input checked="" type="checkbox"/> Delete
NAME		WARD, CORY E	
STREET ADDRESS		286 ST GEORGE STREET	
CITY-ST-ZIP		ST AUGUSTINE FL 32085	
TITLE	V	Ward, Kenneth L	<input type="checkbox"/> Delete
NAME		WARD, KENNETH L	
STREET ADDRESS		2789 HILLCREST AVE 2749	
CITY-ST-ZIP		TITUSVILLE FL 32796	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	P	Ward, Andrea	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		WARD, ANDREA	
STREET ADDRESS		286 ST GEORGE STREET	
CITY-ST-ZIP		ST AUGUSTINE, FL 32085	
TITLE	V	Ward, Kenneth L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		WARD, KENNETH L	
STREET ADDRESS		2749 HILLCREST AVE	
CITY-ST-ZIP		TITUSVILLE FL 32796	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)