

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90044 014 ***150.00

DOCUMENT # **P99000092670** ✓

1. Entity Name

FORWARD DESIGN & DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

355 PINE ST

3. Mailing Address

PO BOX 6563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

City & State

TITUSVILLE, FL

Zip

32780

Country

USA

Zip

32782

Country

USA

4. FEI Number

59-3604609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cory Ward

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

3137 SIR HAMILTON CIR.

City

TITUSVILLE

FL

Zip Code

32780

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.

(NOTE: Registered Agent sign (if required when reinstating)

28 MAR 02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	CORY WARD
STREET ADDRESS	3137 SIR HAMILTON CIR.
CITY - ST - ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
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CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORY WARD

28 MAR 02

Date

Daytime Phone #

321-383-9467

CR2E034B (12/01)