

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Forward Development, Inc.

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90075 021 ***150.00

Principal Place of Business
 128 S. Tryon St., #900
 Charlotte, NC 28202

Mailing Address
 128 S. Tryon St.
 Suite 900
 Charlotte, NC 28202

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
 56-1761012

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

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 _____ (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

TITLE	CP	<input type="checkbox"/> Delete
NAME	Walker, Kenneth D.	
STREET ADDRESS	128 S. Tryon St., #900	
CITY-ST-ZIP	Charlotte, NC 28202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Zhiss, Gene	
STREET ADDRESS	128 S. Tryon St., #900	
CITY-ST-ZIP	Charlotte, NC 28202	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	Pearce, Ted P.	
STREET ADDRESS	128 S. Tryon St., #900	
CITY-ST-ZIP	Charlotte, N.C. 28202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	VP of Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Street, Mark	
STREET ADDRESS	128 S. Tryon St., Suite 900	
CITY-ST-ZIP	Charlotte, NC 28202	
TITLE	VP of COSC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catapano, James	
STREET ADDRESS	128 S. Tryon St., #900	
CITY-ST-ZIP	Charlotte, N.C. 28202	
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: Ted P. Pearce 5-8.00 704/377-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)