

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

DOCUMENT # P40740

1. Entity Name

FORWARD DEVELOPMENT, INC.

FILED

02 MAR -4 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
128 South Tryon

3. Mailing Address
128 South Tryon

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

City & State
Charlotte, NC

City & State
Charlotte, NC

4. FEI Number
56-1761012

Applied For
Not Applicable

Zip
28202

Country
Mecklenburg

Zip
28202

Country
Mecklenburg

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
Kenneth D Walker
128 South Tryon St #900
Charlotte, NC 28202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Gene Zhiss
128 South Tryon #900
Charlotte, NC 28202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
Ted P Pearce
128 S. Tryon #900
Charlotte, NC 28202

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Ted P Pearce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

704-377-8855

Daytime Phone #

CR2E034B (12/01)