

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90075 014 ***150.00

DOCUMENT # P98000058788

1. Entity Name

FWD ASSOCIATES, INC.

Principal Place of Business

756 SW 19TH ST
VERO BEACH FL 32962-6213

Mailing Address

P.O. BOX 6655
VERO BEACH FL 32962-6213

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 6655

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

VERO BEACH FLORIDA

Zip

32962-6655

Country

USA

4. FEI Number

65-0847702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIVINCENZO, GRETCHEN K
1590 S.W. 17TH COURT
VERO BEACH FL 32962-6213

7. Name and Address of New Registered Agent

Name

GRETCHEN K DIVINCENZO

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

756 SW 18th Street

City

VERO BEACH

FL

Zip Code

32962

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

01/14/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS DIVINCENZO, FRANK W
CITY-ST-ZIP POST OFFICE BOX 6655
VERO BEACH FL 32961-6655

TITLE ☐ Delete
NAME D
STREET ADDRESS DIVINCENZO, GRETCHEN K
CITY-ST-ZIP POST OFFICE BOX 6655
VERO BEACH FL 32961-6655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

01/14/01 (30) 335-1991

CR2E034 (10/00)