

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90219 043 \*\*\*150.00

DOCUMENT # P98000058788

1. Entity Name

FWD ASSOCIATES, INC.



**DO NOT WRITE IN THIS SPACE**

**80014253**

2. Principal Place of Business  
756 S.W. 18th Street

3. Mailing Address  
756 S.W. 18th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Vero Beach, FL

City & State  
Vero Beach, FL

4. FEI Number  
65-0847702

Applied For  
Not Applicable

Zip  
32962

Country  
USA

Zip  
32962

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DiVincenzo, Gretchen K.

Street Address (P.O. Box Number is Not Acceptable)  
756 S.W. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/T/D	DiVincenzo, Frank W.	756 S.W. 18th Street	Vero Beach, Florida 32962
VP/S/D	DiVincenzo, Gretchen K.	756 S.W. 18th Street	Vero Beach, Florida 32962

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/03 772-473-4069

Date

Daytime Phone #

CR2E034B (12/02)