

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092670

1. Entity Name

FORWARD DESIGN & DEVELOPMENT, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90120 047 ***150.00

Principal Place of Business

286 ST GEORGE STREET
ST AUGUSTINE FL 32085

Mailing Address

286 ST GEORGE STREET
ST AUGUSTINE FL 32085

2. Principal Place of Business

2

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3604609

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

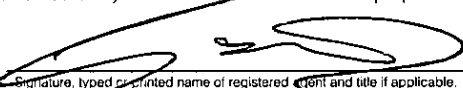
7. Name and Address of New Registered Agent

WARD, ANDIEA
286 ST GEORGE STREET
SAINT AUGUSTINE FL 32084

Name Cory WARD
Street Address (P.O. Box Number is Not Acceptable)
286 ST GEORGE ST
City ST AUGUSTINE FL Zip Code 32084

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



CORY WARD President

25 APR 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ANDREA, WARD | |
| STREET ADDRESS | 286 ST GEORGE STREET | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32085 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | WARD, KENNETH L | |
| STREET ADDRESS | 2749 HILLCREST AVE | |
| CITY-ST-ZIP | TITUSVILLE FL 32796 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARD, CORY | |
| STREET ADDRESS | 286 ST GEORGE ST | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32084 | |
| 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 | | |

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

ANDREA WARD

25 APR 2001

Date

904-806-0689

Daytime Phone #

CR2E034 (10/00)