2003 FOR PROFIT CORPORATION

Apr 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** V09045 DOCUMENT # 04-09-2003 90105 008 ***150.00 1. Entity Name FORWARD ENTERPRISES, INC. Principal Place of Business Mailing Address 538 SABAL TRAIL CIRCLE 538 SABAL TRAIL CIRCLE LONGOWOD FL 32779 LONGOWOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-3100939 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARD, JOAN Street Address (P.O. Box Number is Not Acceptable) 538 SABAL TRAIL CIRCLE: LONGWOOD FL 32779 City Zip Code 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. 為變代 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PDS** TITLE ☐ Delete TITLE ☐ Addition WARD, JOAN NAME NAME

STREET ADDRESS 538 SABAL TRAIL CIRCLE STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME WARD, JEFFREY NAME STREET ADDRESS 538 SABAL TRAIL CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND

☐ Delete

Change

☐ Addition

FILED