2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED Apr 25, 2003 8:00 am Secretary of State

DOCUMENT # 209601 04-25-2003 90262 038 ***150.00 1. Entity Name

WARD CIT	TY INC					
Principal Place of Business % GORDON HAAG & ELIZABETH 169 N.W. 44TH ST. FT. LAUDERDALE FL 33309-0923		Mailing Address % GORDON HAAG & ELIZABETH 169 N.W. 44TH ST. FT. LAUDERDALE FL 33309-0923			I ANTH THAN THAN AND AND AND	
2. Principal Place of Business		3. Mailing Address			i 516)) Birkii 116)) Birkii 186)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING (☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State 4		4. FEI Number 59-0837407	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	ent	
HAAG, ELDEN			Name	Name		
169 NW 4			Street Address	(P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33309						
, <u></u>	TID/ILL TE GOOD		City	FL	Zip Code	
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						
	ILE NOW!!! FEE IS \$150.00					
After May 1, 2003 Fee will be \$550.00 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	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
	TD HAAG, ELIZABETH J 4560 N.W. 3RD AVE. FORT LAUDERDALE, FL00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change C Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAAG, ELDON D 181 NW 45TH STREET FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
NAME	VD HAAG, GORDON E 4560 N.W. 3RD AVE. FORT LAUDERDALE FL 33309	□ Delete 1 1 1	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SHOWED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4547