

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90003 031 \*\*\*150.00

**670721**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 235176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |  |
| 1. Entity Name<br><b>WARDLAW -RALPH- INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                               |  |
| Principal Place of Business<br><b>4801 EASTON STREET<br/>LAKE WALES FL 33853<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Mailing Address<br><b>4801 EASTON ST<br/>LAKE WALES FL 33853<br/>US</b>                                                                                                                       |  |
| 2. Principal Place of Business<br><b>37 West E Street</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3. Mailing Address<br><b>P.O. Box 1027</b><br>Suite, Apt. #, etc.                                                                                                                             |  |
| City & State<br><b>Frostproof FL</b><br>Zip<br><b>33843</b> Country<br><b>Polk</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | City & State<br><b>Frostproof FL</b><br>Zip<br><b>33843</b> Country<br><b>Polk</b>                                                                                                            |  |
| 4. FEI Number<br><b>59-0921818</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>STORY, MARY ELIZABETH<br/>4801 EASTON STREET<br/>FROSTPROOF, FL<br/>LAKE WALES FL 33853</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>37 West E Street</b><br>City<br><b>Frostproof FL</b> Zip Code<br><b>33843</b> |  |
| 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                               |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                          |  |
| FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                               |  |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PD<br/>STORY, MARY<br/>4801 EASTON STREET<br/>LAKE WALES FL 33853</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>37 West E Street<br/>Frostproof, FL 33843</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VD<br/>STORY, LYLES W<br/>4801 EASTON ST<br/>LAKE WALES FL</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>37 West E Street<br/>Frostproof, FL 33843</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>DS<br/>STORY, MARY W<br/>4801 EASTON STREET<br/>LAKE WALES FL</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>37 West E Street<br/>Frostproof, FL 33843</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| 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: <b>Mary Elizabeth Story</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 01/03/01 863-635-0040<br>Date Daytime Phone #                                                                                                                                                 |  |

CR2E034 (10/00)