

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 493912

1. Entity Name

FRED J. WARD, P.A.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90025 014 ***150.00

Principal Place of Business

Mailing Address

203 UNION PLANTERS BANK BUILDING
499 E. SHERIDAN STREET
DANIA BEACH FL 33004
US

203 UNION PLANTERS BANK BUILDING
499 E. SHERIDAN STREET
DANIA BEACH FL 33004-4666
US

00001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1642815

Applied For

Not Applicable

Zip Country

Zip Country

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, FRED J.
203 TRANSFLORIDA BLDG.
499 SHERIDAN ST.
DANIA FL 33004

Name WARD, FRED J.
Street Address (P.O. Box Number is Not Acceptable)
203 UNION PLANTERS BANK BLDG.
499 E. SHERIDAN STREET
City DANIA BEACH FL 33004

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD
NAME WARD, FRED J.
STREET ADDRESS 499 SHERIDAN ST.
CITY-ST-ZIP DANIA FL

☐ Delete

TITLE ADDRESS ONLY
NAME 203 UNION PLANTERS BANK BLDG
STREET ADDRESS 499 E. SHERIDAN STREET
CITY-ST-ZIP DANIA BEACH, FL 33004

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRED J WARD 2/24/00 (954) 920-9882

Date

Daytime Phone #

CR2E034 (9/99)