

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000003388**

1. Entity Name

KEN WARD TRAVEL, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90078 050 ***150.00

0638468 SP

Principal Place of Business

3565 PIEDMONT RD NE STE 210
ATLANTA GA 30305

New address

Mailing Address

3565 PIEDMONT RD NE STE 210
ATLANTA GA 30305

2. Print

KEN WARD TRAVEL, INC.

Suite

Chastain Square Office Park
80 W. Wieuca Rd. NE, Ste. 202

City

ATLANTA, GA 30342

Zip

County

Zip

Country

4. FEI Number

58-1490997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, KENDALL D

2701 N. OCEAN BLVD

FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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, 2002 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

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **WARD, KENDALL D**
CITY-ST-ZIP **769 WEST WESLEY RD NW**
ATLANTA GA

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **PARKER, PENNY**
CITY-ST-ZIP **479 EAST PACES FERRY RD NE NO 622**
ATLANTA GA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

X TINA BOTH FOR KENDALL WARD 2/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)