

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001820

1. Entity Name

H.J. FORD ASSOCIATES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90137 023 \*\*\*150.00

Principal Place of Business

Mailing Address

1111 JEFFERSON DAVIS HWY., SUITE 808  
ARLINGTON VA 22202

1111 JEFFERSON DAVIS HWY., SUITE 808  
ARLINGTON VA 22202-4306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3667510

Applied For

Not Applicable

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

WOLFE, LARRY  
200 A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6643

Name  
**CORPORATION SERVICE COMPANY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 NAYS STREET**  
City  
**TALLAHASSEE** FL Zip Code  
**32301**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	CDPS			<input type="checkbox"/>
	ALDUCIN, DONALD G	1300 CRYSTAL DRIVE #202	ARLINGTON VA	
	VP			<input type="checkbox"/>
	SHANNON, PATRICK J.	9434 MIRROR POND DRIVE	FAIRFAX VA	
	EVP			<input type="checkbox"/>
	DIETERLE, EDWARD R	11720 BISHOPS CONTENT RD	MITCHELLVILLE MD 20721	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CDPS			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ALDUCIN, DONALD G.	PMB 206, 7717 N. WICKHAM ROAD, #12	MELBOURNE, FL 32940		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**EDWARD R. DIDERIC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/00**  
Date

**703. 416. 6500**  
Daytime Phone #

CR2E034 (9/99)