

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J18149**

1. Entity Name

ROB WARD FISH COMPANY, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90005 019 ***150.00

Principal Place of Business

1017 WIDEVIEW AVE
TARPO SPRINGS FL 34689
US

Mailing Address

1017 WIDEVIEW AVE
TARPO SPRINGS FL 34689-2141
US

2. Principal Place of Business

P.O. Box 1532

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1532

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34688-1532

Country

USA

Zip

34688-1532

Country

USA

4. FEI Number

59-2694064

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITSON, EDMUND S.
615 S. MYRTLE AVENUE
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code
33756

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WARD, SHARON L.**
STREET ADDRESS **1017 WIDEVIEW**
CITY-ST-ZIP **TARPO SPRINGS FL**TITLE **SD** ☐ Delete
NAME **WARD, ROBIN**
STREET ADDRESS **1017 WIDEVIEW**
CITY-ST-ZIP **TARPO SPRINGS FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 1532**
CITY-ST-ZIP **Tarpon Springs, FL 34688-1532**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 1532**
CITY-ST-ZIP **Tarpon Springs, FL 34688-1532**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #