

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90002 033 ***550.00

0115579 AT

DOCUMENT # J19252

1. Entity Name

FORD WIRE AND CABLE CORPORATION

Principal Place of Business

P.O. BOX 1299

7757 130TH ST.

ROSELAND FL 32957

Mailing Address

P.O. BOX 1299

7757 130TH ST.

ROSELAND FL 32957

2. Principal Place of Business

Suite, Apt. #, etc.

7756 130TH ST.

City & State

3. Mailing Address

Suite, Apt. #, etc.

7756 130TH ST.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2682983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FORD, WILLIAM S.

8515 WACO WAY

VERO BEACH FL 32962

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME	DP FORD, WILLIAM S.	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 690145	
CITY-ST-ZIP	VERO BEACH FL 32969	
TITLE NAME	DST FORD, CHARLOTTE T.	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 690145	
CITY-ST-ZIP	VERO BEACH FL 32969	
TITLE NAME	DV FORD, STEPHEN J.	<input type="checkbox"/> Delete
STREET ADDRESS	1308 SCHUMANN DR	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE NAME	DV FORD, DALE W.	<input type="checkbox"/> Delete
STREET ADDRESS	249 DELMAR ST	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DV FORD, STEPHEN J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1296	
CITY-ST-ZIP	ROSELAND, FL 32957	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Charlotte T. Ford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLOTTE T. FORD

7-10-01

561-388-3660

Date Daytime Phone #

CR2E034 (5/01)