2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
02-23-2000 90019 004 ***150.00

DOCUMENT # J39709

1. Entity Name

MCBRIDE & WARD, INC.

Principal Place of Business	Mailing Address
800 FIFTH AVENUE S #200 NAPLES FL 34102 US	800 FIFTH AVENUE S # NAPLES FL 34102-6661 US

DO NOT WRITE IN THIS SPACE

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 59-2733534 ☐ 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
WARD, JANICE M. 800 FIFTH AVENUE S #200 NAPLES FL 34102	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, 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	DPAT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARD, WILLIAM J.		NAME		
STREET ADDRESS	800 FIFTH AVENUE S #200		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	DVS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARD, JANICE M.		NAME		
STREET ADDRESS	800 FIFTH AVENUE S #200		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	DCT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCBRIDE, CLYDE		NAME		
STREET ADDRESS	1333 OCEAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	MANTOLOKING NJ		CITY-ST-ZIP		
TITLE	DVAS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCBRIDE, LORRAINE		NAME		
STREET ADDRESS	1333 OCEAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	MANTOLOKING NJ		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Janice McBride Ward 2.9.2000 263-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #