

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90035 024 ***150.00

DOCUMENT # J39709

1. Entity Name
MCBRIDE & WARD, INC.

Principal Place of Business
800 FIFTH AVENUE S #200
NAPLES FL 34102
US

Mailing Address
800 FIFTH AVENUE S #
NAPLES FL 33940-3627
US

J 0 0 5 0 6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2733534**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 _____ (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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DPAT	WARD, WILLIAM J.	800 FIFTH AVENUE S #200	NAPLES FL 34102	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVS	WARD, JANICE M.	800 FIFTH AVENUE S #200	NAPLES FL 34102	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DCT	MCBRIDE, CLYDE	1333 OCEAN AVE.	MANTOLOKING NJ	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVAS	MCBRIDE, LORRAINE	1333 OCEAN AVE.	MANTOLOKING NJ	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<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: *Janice M. Ward*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice M. Ward 3/19/01

Date Daytime Phone #

CR2E034 (10/00)