## 2003 FOR PROFIT CORPORATION

Mailing Address

## UNIFORM BUSINESS REPORT (UBR

## L02698 **DOCUMENT #**

1. Entity Name

Principal Place of Business

HOOKER - WARD PROPERTIES, INC.



**FILED** Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90207 022 \*\*\*150.00



Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent.  Name  WARD, FRANKLIN N.  300 GATLIN AVE  ORLANDO FL 32806  City	300 GATLIN AV ORLANDO FL. 3	'E	300 GATLIN AVE ORLANDO FL 32806				
City & State	2. Principal Place of Business		3. Mailing Address			ft Brote Bible Bible brast brast brast teat	
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S. Definition of issues beased   Fee Required   Fee	City & State		City & State		4. FEI Number 59-2121599		
WARD, FRANKLIN N. 300 GATUN AVE ORLANDO FL 32806  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Diplanet this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the exhibitations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the exhibitation of the exh	Zip	Country	Zip	Country		Fee Required	
WARD, FRANKLIN N. 300 GATLIN AVE ORLANDO FL 32806  City FL Zrp Codu  City FL Zrp Cod		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registers	ed Agent	
300 GATUN AVE ORLANDO FL 32806  City FL Zip Code  8. The above pared entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent. When it is statement for the purpose of changing its registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS:  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  THE ADDRESS STREET				Name	Name		
ORLANDO FL 32806  City FL 7/p Code  City FL 7/p	-			Street Addre	ss (P.O. Box Number is Not Acceptable)		
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. I am lamiliar with, and accept the colligations of registered agent.    SIGNATURE							
the colligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00				1			
FILE NOW!! FEEL IS \$150.0  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	8. The above the obligati	named entity submits this statement ons of registered agent.	t for the purpose of changing it	ts registered office or regi	stered agent, or both, in the State of Florida. I a	am familiar with, and accept	
TILE NAME STREET ADDRESS CITY-ST-ZIP CITY-	SIGNATURE .		(A)C	OTC: Posistered Agent signature rec	nuired when reinstating) DA	TE .	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	<del></del>	Signature, typed or printed name of registered ag	ent and title it applicable. (NO	JIE. Negisteled Agent algridion in	2)		
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I nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #