

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90049 034 \*\*\*150.00

0628908 AV

**DOCUMENT # L90090**

1. Entity Name

**THE WARD AGENCY, INC.**

Principal Place of Business

1505 S TAMiami TRAIL  
 STE. 401B  
 VENICE FL 34292  
 US

Mailing Address

1505 S TAMiami TRAIL  
 STE. 401B  
 VENICE FL 34292  
 US

2. Principal Place of Business

1501 S. TAMiami TRAIL

3. Mailing Address

1501 S. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 503

Suite, Apt. #, etc.

SUITE 503

City & State

VENICE FLORIDA, FL

City & State

VENICE FLORIDA

Zip

34292

Country

SARASOTA

Zip

34292

Country

SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0208286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WARD, JOHN

1505 S. TAMiami TRAIL

STE. 401B

VENICE FL 34292

7. Name and Address of New Registered Agent

Name

JOHN WARD (NO CHANGE)

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

1501 S. TAMiami TRAIL

SUITE 503

City

VENICE

FL

Zip Code

34292

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, 2002 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

TITLE ☐ Delete  
 NAME DP  
 STREET ADDRESS WARD, JOHN  
 CITY-ST-ZIP 1505 S TAMiami TRAIL, STE. 401B  
 VENICE FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME 1501 S. TAMiami TRAIL  
 STREET ADDRESS SUITE 503  
 CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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 #

CR2E034 (9/01)