

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90257 007 ***150.00

DOCUMENT # L90090

1. Entity Name
THE WARD AGENCY, INC.



Principal Place of Business
**1501 S TAMiami TRAIL
SUITE 503
VENICE FL 34292
US**

Mailing Address
**1501 S TAMiami TRAIL
SUITE 503
VENICE FL 34292
US**



2. Principal Place of Business

**406 FERROMAR Circle No. #322
Apt. 322**

3. Mailing Address

**406 FERROMAR Circle No. #322
Apt. 322**

City & State
VENICE, FL

City & State
VENICE, FL

4. FEI Number **65-0208286**

Applied For
Not Applicable

Zip
34293

Country
SARASOTA

Zip
34293

Country
SARASOTA

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, JOHN

**1501 S. TAMiami TRAIL
SUITE 503
VENICE FL 34292**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **WARD, JOHN**
STREET ADDRESS **1501 S. TAMiami TRAIL SUITE 503**
CITY-ST-ZIP **VENICE-FL 34292**

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

TITLE ☐ Delete
NAME **406 FERROMAR Circle No. #322**
STREET ADDRESS **VENICE, FL 34293**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)