

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002052**

1. Entity Name  
**FORD INSTRUMENTS & ACCESSORIES, L.C.**

**FILED** 4/1/20  
00 JAN 13 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business: 217 SW 27TH STREET, FT. LAUDERDALE FL 33315  
Mailing Address: 217 SW 27TH STREET, FT. LAUDERDALE FL 33315-3127



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE  
4. FEI Number **65-0874752 APPLIED FOR**  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**COHEN, ANDREW L ESQ.  
18459 PINES BOULEVARD, STE 290  
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent  
Name: **BRAD FORD**  
Street Address (P.O. Box Number is Not Acceptable): **2043 RUSSELL DR.**  
City: **TITUSVILLE** FL Zip Code: **32796**

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: **Brad Ford** **BRAD FORD - OWNER/CEO** DATE: **January 08, 2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, BRAD 217 SW 27TH STREET FT. LAUDERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AIRCRAFT SUPPORT AND PARTS, INC. 217 SW 27TH STREET FT. LAUDERDALE FL 33315 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/CEO FORD, BRAD 217 S.W. 27TH STREET FT. LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003112467--3 -01/27/00--01023--017 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **BRAD FORD** **SIGNATURE REQUIRED** DATE: **08 JAN 00** DAYTIME PHONE #: **954-524-1314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #