

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000010854

1. Entity Name

James A. Ward & Associates Inc.

FILED

02 MAY -8 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1700 Wells Rd

3. Mailing Address

1700 Wells Rd

Suite, Apt. #, etc.

Suite 25

Suite, Apt. #, etc.

Suite 25

City & State

Orange Park FL

City & State

Orange Park FL

4. FEI Number

59-3621886

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Watson, Todd ESQ

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

7785 Baymeadows Way Suite 107

City

Jacksonville

FL

Zip Code

32257

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Ward, James A 1700 Wells Rd-Suite 25 Orange Park FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005574600--2 -05/20/02--01046--021 *****150.00 *****150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. WARD James A. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/8/02
Date201.656.7886
Daytime Phone #

CR2E034B (12/01)

RICK M. LOFTIS CPA PA
CERTIFIED PUBLIC ACCOUNTANT

1700 Wells Road • Suite 25 • Orange Park, Florida 32073
904-264-6288 • Fax 264-6299



May 6, 2002

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314
Attention: Ms. Kathy Ashton

Re: James A. Ward & Associates Inc.
P00000010854- LTR 202A00025564

Dear Ms. Ashton:

Per our telephone conversation, I am returning your letter, Uniform Business Report, and a check for \$150.00.

As I explained in our telephone conversation, that we never received a letter requesting a federal identification number and that Mr. Watson was already the designated agent.

Per your instructions, we are requesting that you waive the reinstatement fee and process the return accordingly.

Thank you for your assistance.

Regards,

Rick Loftis

cc: James Ward