

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90853 041 ***150.00

DOCUMENT # P00000063300

1. Entity Name
TIMOTHY FORD & ASSOCIATES, INC.

Principal Place of Business **Mailing Address**
1343 GARDEN ROAD **1343 GARDEN ROAD**
WESTON FL 33326 **WESTON FL 33326**

NEW ADDRESS

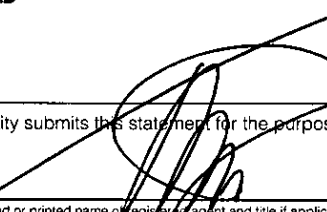
2. Principal Place of Business **3. Mailing Address**
1240 Bayview Circle **1240 Bayview Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **Applied For**
Weston, FL **Weston, FL** **65-1025642** **Not Applicable**
Zip **Country** **Zip** **Country**
33326 **Broward** **33326** **Broward**
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**
FORD, TIMOTHY C **Name**
1343 GARDEN ROAD **Street Address (P.O. Box Number is Not Acceptable)**
WESTON FL 33326 **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.
SIGNATURE  **president - TIMOTHY FORD** **04-10-02**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FORD, TIMOTHY C 1343 GARDEN ROAD WESTON FL 33326 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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:  **TIMOTHY FORD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U33900/8 AV CR2E034 (9/01)