

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90058 034 ***150.00

DOCUMENT # P00000073602
1. Entity Name
 WILLIAM FORDE PA

Principal Place of Business 3600 VANBUREN STREET
 APT. 410
 HOLLYWOOD FL 33021
Mailing Address 3600 VANBUREN STREET
 APT. 410
 HOLLYWOOD FL 33021

2. Principal Place of Business 3831 SW 168 Terrace
 Suite, Apt. #, etc. Miramar
 City & State Miramar FL
 Zip 33027 County BOWARD
3. Mailing Address 3831 SW 168 Terrace
 Suite, Apt. #, etc. Miramar
 City & State Miramar FL
 Zip 33021 County BOWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1029733 **Applied For** ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 FORDE, WILLIAM
 3600 VANBUREN STREET
 APT. 410
 HOLLYWOOD FL 33021
7. Name and Address of New Registered Agent
 Name FORDE, WILLIAM
 Street Address (P.O. Box Number Is Not Acceptable) 3831 SW 168 Terrace
 City Miramar FL Zip 33027

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] DATE 1/21/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORDE, WILLIAM 3600 VANBUREN STREET HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3831 SW 168 Terrace MIRAMAR FL 33027 <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 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] **1/21/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)