

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91440 042 \*\*\*150.00

**DOCUMENT # P00000095522**

**1. Entity Name**  
**FORD'S LAND CLEARING, INC.**



**Principal Place of Business**  
**RT 3 BOX 506-3**  
**STARKE FL 32091**

**Mailing Address**  
**RT 3 BOX 506-3**  
**STARKE FL 32091**

**2. Principal Place of Business**

**3. Mailing Address**

**10634 SE 38th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Starke, FL**

Zip

Country

Zip  
**32091**

Country  
**USA**

**4. FEI Number 59-3674955**

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FORD, JOHN F**  
**RT 3 BOX 506-3**  
**STARKE FL 32091**

Name

Street Address (P.O. Box Numbers Not Acceptable)

**10634 SE 38th Ave**

City

**Starke**

FL

Zip

**32091**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ Delete  
**NAME** **FORD, JOHN F**  
**STREET ADDRESS** **RT 3 BOX 506-3**  
**CITY-ST-ZIP** **STARKE FL 32091**

**TITLE** **DP** ☒ Change ☐ Addition  
**NAME** **Ford, John F**  
**STREET ADDRESS** **10634 SE 38th Ave**  
**CITY-ST-ZIP** **Starke, FL 32091**

**TITLE** **DV** ☐ Delete  
**NAME** **FORD, TRACIE R**  
**STREET ADDRESS** **RT 3 BOX 506-3**  
**CITY-ST-ZIP** **STARKE FL 32091**

**TITLE** **DV** ☒ Change ☐ Addition  
**NAME** **Ford, Tracie R**  
**STREET ADDRESS** **10634 SE 38th Ave**  
**CITY-ST-ZIP** **Starke, FL 32091**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Tracie Ford, vp 1/1/03 3524682338**

Date

Daytime Phone #

CR2E034 (10/02)