

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001709

1. Entity Name

G.A.WARD, INC.

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90026 016 \*\*\*150.00

Principal Place of Business

4627 MEADOWVIEW RD  
 MARIANNA FL 32446

Mailing Address

4627 MEADOWVIEW RD  
 MARIANNA FL 32446

PO Box 5841  
 Marianna, FL  
 32447

60077033

2. Principal Place of Business

4299 Lafayette St.

Suite, Apt. #, etc.

3. Mailing Address

P O Box 5841

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marianna FL

City & State

Marianna, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

32446

USA

Zip

Country

32447

USA

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

WARD, GAIL A

4627 MEADOWVIEW RD  
 MARIANNA FL 32446

4299 Lafayette St.

Name

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

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	WARD, GAIL A	4627 MEADOWVIEW RD MARIANNA FL 32446	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PVST	WARD, GAIL A	4627 MEADOWVIEW RD MARIANNA FL 32446	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01

Date

482-7788

Daytime Phone #

CR2E034 (10/00)

attachment DOC# PO1000001709  
C007035

Forms were sent to  
the wrong address. Correct  
Address is 4299 Lafayette  
St., Marianna, FL 32446

Mailing Address  
PO Box 5841, Marianna, FL  
32447

I spoke to your office about  
this & they said to pay  
the \$150.00