

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 014 ***150.00

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DOCUMENT # P02000105586

1. Entity Name
FORD INVESTMENTS, INC.



Principal Place of Business
**1217 CAPE CORAL PKWY E #157
CAPE CORAL FL 33904**

Mailing Address
**1217 CAPE CORAL PKWY E #157
CAPE CORAL FL 33904**

2. Principal Place of Business

1217 CAPE CORAL PKY. E.

Suite, Apt., etc.

SUITE 157

City & State

CAPE CORAL, FL.

Zip

33904

Country

USA

3. Mailing Address

SAME AS ABOVE

Suite, Apt., etc.

City & State

Zip

Country

4. FEI Number

02-0667192

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

**MARX, JAMES ESQ
848 BRICKELL AVE STE 750
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. 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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRES/VP/SEC/TREAS** ☐ Delete
NAME **FORD THIBODAUX**
STREET ADDRESS **1217 CAPE CORAL PKY. E. #157**
CITY-ST-ZIP **CAPE CORAL FL. 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

28 APR 03

Date

941-549-3514

Daytime Phone #

CR2E034 (10/02)