

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000132129

Entity Name

WARD TOWNHOUSES REALTY GROUP, INC.



FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90140 006 ***150.00

Principal Place of Business

NE 19TH AVENUE
WILTON MANORS FL 33305

Mailing Address

2317 NE 19TH AVENUE
WILTON MANORS FL 33305

Principal Place of Business

2317 NE 19 Ave

Suite, Apt. #, etc.

3. Mailing Address

2317 NE 19 Ave

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

161643768

Applied For

Not Applicable

Zip

33305

Country

USA

Zip

33305

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIelsen, BETH
2317 NE 19TH AVENUE
WILTON MANORS FL 33305

7. Name and Address of New Registered Agent

Name Edward Brewer

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

2317 NE 19 Ave

City Fort Lauderdale, FL

FL

Zip Code 33305

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

Edward Brewer

4/6/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	NIelsen, BETH	
STREET ADDRESS	2317 NE 19TH AVENUE	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	P.D	<input type="checkbox"/> Delete
NAME	Edward Brewer	
STREET ADDRESS	2317 NE 19 Ave	
CITY-ST-ZIP	Fort Lauderdale, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)