

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-09-2003 90103 037 ***150.00

DOCUMENT # P93000054287

1. Entity Name
VAL WARD OLDSMOBILE, INC.



Principal Place of Business
**12626 TAMiami TRAIL SOUTH
FORT MYERS FL 33907**

Mailing Address
**12626 TAMiami TRAIL SOUTH
FORT MYERS FL 33907**

60003464



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0426926**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GEDRA, JIM
12626 TAMiami TRAIL SOUTH
FORT MYERS FL 33907**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/7/03**

**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
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Delete
NAME **WARD, VALMORE L**
STREET ADDRESS **758 CAL COVE DR.**
CITY-ST-ZIP **FT MYERS FL 33919**

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

TITLE **DV** ☐ Delete
NAME **WARD, VALMORE L JR.**
STREET ADDRESS **13617 PINE VILLA LANE S.E.**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **P** ☒ Change ☐ Addition
NAME **WARD, VALMORE L JR.**
STREET ADDRESS **12626 TAMiami TRAIL S**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☐ Delete
NAME **EDENFIELD, FRED H JR.**
STREET ADDRESS **3350 N. KEY DR., A-804**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **D** ☒ Change ☐ Addition
NAME **EDENFIELD, FRED H JR**
STREET ADDRESS **11640 COURT OF PALMS #103**
CITY-ST-ZIP **FT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Change ☒ Addition
NAME **WARD, VALMORE III**
STREET ADDRESS **15430 KILBURNIE DR**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **JIM GEDRA**
STREET ADDRESS **12470 WOODTIMBER LN**
CITY-ST-ZIP **FT MYERS FL 33913**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED *[Signature]* **12. Ward, Jr.** **1/7/03** **239 939 2212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)