

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90047 031 ***158.75

DOCUMENT # P95000020944

1. Entity Name

WARD ELECTRIC SERVICE CORPORATION

Principal Place of Business

Mailing Address

4270 ALOMA AVE.
#124-40C
WINTER PARK FL 327924270 ALOMA AVE.
#124-40C
WINTER PARK FL 32792-9424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3297552

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

WARD, ROBERT T
4270 ALOMA AVENUE
SUITE 124-40C
WINTER PARK FL 32792

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

Apr 30, 00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	Change	Addition
P	WARD, ROBERT T	733 BAR HARBOR DR	PITTSBURGH PA 15239	<input type="checkbox"/>	<input type="checkbox"/>
ST	WARD, MARIE	733 BAR HARBOR DR	PITTSBURGH PA 15239	<input type="checkbox"/>	<input type="checkbox"/>
BM	PARKER, TERESA	1409 BRINTON AVE	NORTH BRADDOCK PA	<input type="checkbox"/>	<input type="checkbox"/>
BM	PARKER, ROBERT	1409 BRINTON AVE	NORTH BRADDOCK PA	<input type="checkbox"/>	<input type="checkbox"/>
V	DONNELLY, ROSEMARIE	P.O. BOX 124 N/A RD #1	BAIRFORD PA 15006	<input type="checkbox"/>	<input type="checkbox"/>
BM	WILSON, LORA	4031 INLAND AVE	WEST MIFFLIN PA 15122	<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)(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 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

4/30/00

724/325/5561

CR2E034 (9/99)