

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90043 011 ***150.00

DOCUMENT # P96000020656

1. Entity Name

R. WARD ENTERPRISES, INC.

Principal Place of Business

**3435 S W ARCHER RD
 SUITE A
 GAINESVILLE FL 32608**

Mailing Address

**3435 S W ARCHER RD
 SUITE A
 GAINESVILLE FL 32608**

2. Principal Place of Business

3501 SW Archer Rd

3. Mailing Address

3501 SW Archer Rd

Suite, Apt. #, etc.

Suite 160

Suite, Apt. #, etc.

Suite 160

City & State

Gainesville FL

City & State

Gainesville, FL

Zip

Country

32608

Zip

32608

Country

4. FEI Number

59-3368112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARD, RUSSELL D
 3435 S W ARCHER ROAD
 SUITE A
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name **Ward, Russell D.**

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

3501 SW Archer Rd

Suite 160

City **Gainesville**

FL

Zip Code **32608**

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 **Russell D. Ward President**

3-4-02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, RUSSELL	
STREET ADDRESS	3435-A SW ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARD, SANDRA	
STREET ADDRESS	3435-A SW ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3501 SW Archer Rd #160	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bodil Faust	
STREET ADDRESS	3501 SW Archer Rd #160	
CITY-ST-ZIP	Gainesville, FL 32608	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Russell D. Ward**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02 352-375-4555

Date

Daytime Phone #

CR2E034 (9/01)