

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059250

1. Entity Name
FORD ENTERPRISES, U.S.A., INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90334 027 ***150.00

Principal Place of Business

5894 53RD AVE. E.
BRADENTON FL 34203
US

Mailing Address

C/O TAX SAVERS
812 TAMiami TRAIL, SUITE 1
PORT CHARLOTTE FL 33953
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3393665

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

FORD DAVID J
150 AVERY DRIVE EAST
AUBURNDAL FL 33823

Name **Beth A Culbertson**

Street Address (P.O. Box Number is Not Acceptable) **812 Tamiami Trail Ste 1**

City **Port Charlotte** FL Zip Code **33953**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PT
FORD, DAVID J
STREET ADDRESS 150 AVERY DRIVE EAST
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE NAME ☒ Change ☐ Addition
5894 53rd Ave East
STREET ADDRESS BRADENTON FL 34203
CITY-ST-ZIP

TITLE NAME ☒ Delete
VDS
FORD PAULINE R
STREET ADDRESS 150 AVERY DRIVE EAST
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **DAVID J. FORD** **1/25/01** **941 753 4489**

CR2E034 (10/00)