## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2002 8:00 am P96000103255 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90047 014 \*\*\*150.00 WARD INVESTMENTS OF VERMONT, INC. Mailing Address Principal Place of Business 8830 SEA OAKS WAY SOUTH 8830 SEA OAKS WAY SOUTH HNIT 301 **UNIT 301** VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0730029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Ward, E. S Jr. Street Address (P.O. Box Number is Not Acceptable) 8830 SEA OAKS WAY SOUTH **UNIT 301** VERO BEACH FL 32963 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/04) TITLE TITLE ☐ Change ☐ Addition ☐ Delete WARD, E. SMEDLEY JR NAME NAME CR2E034 8830 SEA OAKS WAY SOUTH #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME WARD, ALICE L. M. 8830 SEA OAKS WAY SOUTH #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Change Addition TITLE\_ . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

ESMEDLEY WARD, JR. 2 FEB 02 772-231-4952
DIRECTOR Date Phone

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.