2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000103255 DOCUMENT

1. Entity Name

Principal Place of Business

WARD INVESTMENTS OF VERMONT, INC.



Mailing Address 8830 SEA OAKS WAY SOUTH 8830 SEA OAKS WAY SOUTH LINIT 301 LINIT 301 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address CircLE 102 LONGVIEW Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0730029 MEDIA MEDIA Not Applicable Zip Countr \$8.75 Additional SA 5. Certificate of Status Desired 9-063 1906 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARLES. WARD, E. S JR. 8830 SEA OAKS WAY SOUTH **UNIT 301** VERO BEACH FL 32963 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 age SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$190.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D-PRES, WARD, E, SMEDLEY, IR TITLE ☐ Defete TITLE X Change ☐ Addition WARD, E. SMEDLEY JR MAME NAME 102 LONGVIEW CIRCLE 8830 SEA OAKS WAY SOUTH #301 STREET ADDRESS STREET ADDRESS MEDIA-PA-19063 D-V.PRES 102 LONGFIEW CIRCLE CITY-ST-7IP VERO BEACH FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ward, alice L. M NAME STREET ADDRESS 8830 SEA OAKS WAY SOUTH #301 STREET ADDRESS MEDIA, PA, 19063 CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

01-21-2003 90156 039 ***150.00

CR2E034 (10/02)