

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048513

1. Entity Name

WARD INSPECTIONS INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90228 020 ***150.00

Principal Place of Business

Mailing Address

11001 SEMINOLE TERRACE
TEQUESTA FL 33469
US

11001 SEMINOLE TERRACE
TEQUESTA FL 33469
US

2. Principal Place of Business

1549 NE. SUNVIEW TERR.

3. Mailing Address

1549 NE. SUNVIEW TERR.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

JENSEN BEACH, FLORIDA

City & State

JENSEN BEACH FLORIDA

Zip

34957

Country

MARTIN

Zip

34957

Country

MARTIN

4. FEI Number

65-0748961

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

WARD, JONAFEN
11001 SEMINOLE TERRACE
TEQUESTA FL 33469

Name JONAFEN, L. WARD

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

1549 NE. SUNVIEW TERR.

City

JENSEN BEACH

FL

Zip Code

34957

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

JONAFEN L. WARD

4-26-00

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 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	ST	<input type="checkbox"/> Delete
NAME	WARD, FRANCES	
STREET ADDRESS	11001 SEMINOLE TERRACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, JONAFEN	
STREET ADDRESS	11001 SEMINOLE TERRACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
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		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, FRANCES	
STREET ADDRESS	1549 NE. SUNVIEW TERR	
CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JONAFEN	
STREET ADDRESS	1549 NE. SUNVIEW TERR.	
CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
President

4-26-00 561-225-4616

CR2E034 (9/99)