FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2002 8:00 am Secretary of State DOCUMENT # P97000106088 1. Entity Name 01-29-2002 90052 037 \*\*\*150 00 M. B. FORD, INC. Principal Place of Business Mailing Address 1243 MARKHAM AVE P O BOX 3459 SPRING HILL FL 34606 SPRING HILL FL 34606 88012064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0805215 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORD, MONTE B Street Address (P.O. Box Number is Not Acceptable) 1243 MARKHAM AVE. SPRING HILL FL 34606 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Addition NAME FORD, MONTE B NAME STREET ADDRESS 1243 MARKHAM AVE. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FORD, EMMA J NAME STREET ADORESS 1243 MARKHAM AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SPRING HILL FL 34606 TITLE ☐ Delete TITLE ☐ Change ☐ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR HINTED NAME OF SIGNING OFFICER OR DIRECTOR

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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information