

2000 UNIFORM BUSINESS REPORT (UBR)

5-10-00

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 039 ***150.00

DOCUMENT # *P99000018939*

1. Entity Name

Principal Place of Business Mailing Address

*4 WARD MAINTENANCE & REPAIR INC.
 P.O. BOX 953578
 LAKE MARY, FL. 32795-3578*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3498414

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*WADE J. WARD
 1133 SWAN ST
 DEFTONA, FL. 32725*

7. Name and Address of New Registered Agent

Name

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

City

FL

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$160.00
AFTER MAY 15, 2000 FEE WILL BE \$450.00 PER YEAR
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PRES	WADE J. WARD	1133 SWAN ST	DEFTONA, FL. 32725	<input type="checkbox"/>
V. PRES	KELLY ANN WARD	1133 SWAN ST	DEFTONA, FL. 32725	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*PA 4/27/00 #2156
 # [redacted] 7/50.00*

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, changed, or on an address, with all other like empowered.

SIGNATURE:

Wade J. Ward Jr. 4/27/2000 407-695-2032