

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000040937

1. Entity Name

WARD MOVING SERVICES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-07-2000 90004 012 ***150.00

Principal Place of Business 6381 CONROY RD. APT. 1808 ORLANDO FL 32825	Mailing Address 12918 S ORANGE B TR #288 ORLANDO FL 32837 US
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2. Principal Place of Business <i>P.O. Box 621952</i>	3. Mailing Address
Suite, Apt. #, etc. <i>ORL FL 32862</i>	Suite, Apt. #, etc.
City & State <i>Orlando FL</i>	City & State
Zip <i>32862</i>	Country <i>Orange</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3507873	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARD, MIKE 6381 CONROY RD APT 1808 ORLANDO FL 32825

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>5843 Old Winter Garden Road</i> City <i>Orlando</i> FL Zip Code <i>32807</i>

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 <i>[Signature]</i> DATE <i>2/29/00</i> <small>Signature, typed or printed name of registered agent and agent not applicable (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP WARD, MIKE P.O. BOX 621952-1952 ORLANDO FL 32862-1952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 info empowered.
SIGNATURE: <i>[Signature]</i> DATE <i>2/29/00</i> DAYTIME PHONE # <i>407-937-4449</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

CR2E034 (9/99)