

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026651

1. Entity Name

FORD FINANCIAL SERVICES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90032 003 \*\*\*150.00

Principal Place of Business

Mailing Address

3126 53RD AVE. E.  
 BRADENTON FL 34203

3126 53RD AVE. E.  
 BRADENTON FL 34203-4311

2. Principal Place of Business

3. Mailing Address

1111 3RD AVE W

1111 3RD AVE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

160

160

City & State

City & State

BRADENTON FL

BRADENTON FL

Zip

Country

Zip

Country

34205

MANATEE

34209

MANATEE

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

65-0906377

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name PATRICK FORD

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

2907 62ND ST W

City BRADENTON

FL

Zip Code 34209

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. (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 PS  
 NAME FORD, PATRICK J  
 STREET ADDRESS 3126 53RD AVE. E.  
 CITY-ST-ZIP BRADENTON FL 34203

TITLE PSTD  
 NAME FORD, PATRICK  
 STREET ADDRESS 2907 62ND ST W  
 CITY-ST-ZIP BRADENTON FL 34209

TITLE T  
 NAME SOTH, KAT  
 STREET ADDRESS 3126 53RD AVE. E.  
 CITY-ST-ZIP BRADENTON FL 34203

TITLE  
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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 #

CR2E034 (9/99)