

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90716 001 ***300.00

DOCUMENT # P99000026651

1. Entity Name
FORD FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
~~1111 3RD AVE W~~ ~~1111 3RD AVE W~~
~~160~~ ~~160~~
~~BRADENTON FL 34209~~ ~~BRADENTON FL 34209~~

2. Principal Place of Business 3. Mailing Address
6181 MEDICI CT **6181 MEDICI CT**
Suite, Apt. #, etc. Suite, Apt. #, etc.
301 **301**

City & State City & State
SARASOTA FL **SARASOTA FL**
Zip Country Zip Country
34243 **US** **34243** **US**

4. FEI Number **65-0906377** 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
FORD, PATRICK J Name
2907 62ND ST W Street Address (P.O. Box Number is Not Acceptable)
BRADENTON FL 34209 **6181 MEDICI CT # 301**
City **SARASOTA** FL Zip Code **34243**

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 **Patrick Ford** **PATRICK FORD** **4/25/01**
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 \$150.00**
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, PATRICK J		NAME		
STREET ADDRESS	3126 53RD AVE E		STREET ADDRESS	6181 MEDICI CT # 301	
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	PSTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, PATRICK		NAME		
STREET ADDRESS	2907 62ND ST W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Patrick Ford** **PATRICK FORD** **4/25/01** **941-358-0065**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)