

2000 UNIFORM BUSINESS REPORT (UBR)

0494621

DOCUMENT # P99000038174

1. Entity Name

WARD INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 29 PM 4: 56

Principal Place of Business

Mailing Address

~~4060 OREGON CT~~

~~1060 OREGON CT~~

~~SARASOTA FL 34236~~

~~SARASOTA FL 34236-3343~~

2. Principal Place of Business

1180 52nd Street

3. Mailing Address

1180 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL 34234

City & State

Sarasota, FL 34234

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

WARD, LONNIE JR

~~1060 OREGON CT~~

~~SARASOTA FL 34236~~

Name

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

1180 52nd St

City

Sarasota

FL

Zip Code

34234

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PJ Lonnie Ward Jr.
1180 52nd St
Sarasota FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 #

3-29-00 341-8185

CR2E034 (9/99)