

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 18, 2000 8:00 am
Secretary of State

05-01-2000 90006 046 ***150.00

DOCUMENT # P99000065139

1. Entity Name

KM WARD, INC.

Principal Place of Business

**32B 5TH ST.
SHALIMAR FL 32579**

Mailing Address

**1455 SO. FERDON STE. A-1
CRESTVIEW FL 32536-4900**

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

59-3589593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**A & A BOOKKEEPING AND TAX SERVICE, INC.
1455 SO. FERDON BLVD., STE A-1
CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name **AURORA TAX AND BOOKKEEPING SERVICES**

Street Address / P.O. Box Number (if Not Applicable)

301 East Hickory

City **CRESTVIEW**

FL

Zip Code **32536**

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

Keith Y. Ward, Pres
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

TITLE **P** ☐ Delete
NAME **WARD, KEITH Y**
STREET ADDRESS **32B 5TH STREET**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Keith Y. Ward, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

450-683-1526

Daytime Phone #

CR2E034 (9/99)