

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60225

1. Entity Name

WARD CONSULTING & INSTALLATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90073 042 ***150.00

Principal Place of Business

Mailing Address

2139 UNIVERSITY DRIVE, STE 428
SUITE 103
CORAL SPRINGS FL 33071
US

2139 UNIVERSITY DR. STE 428
SUITE 103
CORAL SPRINGS FL 33071-6134
US

2. Principal Place of Business

2790 MOORING CT.

3. Mailing Address

2790 MOORING CT.

Suite, Apt. #, etc.

#307

Suite, Apt. #, etc.

#307

City & State

LANTANA, FLORIDA

City & State

LANTANA, FLORIDA

Zip

33462

Country

FLA Bch

Zip

33462

Country

FLA Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0273217

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

WARD, FREDERICK Z
2790 MOORING CT. #307
LANTANA FL 33462

Name

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

City

FL

Zip Code

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	PSD	<input type="checkbox"/> Delete
NAME	WARD, FREDERICK M., II	
STREET ADDRESS	3591 NW 91 AVENUE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARD, ANN	
STREET ADDRESS	4285 REFLECTIONS BLVD S	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WARD, FRED M.	
STREET ADDRESS	4285 REFLECTIONS BLVD. S	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Frederick M. Ward II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/00

Date

561-967-7322

Daytime Phone #

CR2E034 (9/99)