

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90085 045 \*\*\*150.00

**DOCUMENT # V35024**

1. Entity Name  
**WARD I, INC.**

Principal Place of Business

Mailing Address

**8709 DRIFTWOOD DR.  
TAMPA FL 33615-4413**

**8709 DRIFTWOOD DR.  
TAMPA FL 33615-4413**

2. Principal Place of Business

**15864 SANCTUARY DR**

3. Mailing Address

**15864 SANCTUARY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number

**59-3122776**

Applied For

Not Applicable

Zip

**33647**

Country

**FLORIDA**

Zip

**33647**

Country

**FLORIDA**

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

**WATKINS, CARL T.  
7345 JACKSON SPRINGS ROAD  
SUITE 3  
TAMPA FL 33634**

Name

**WATKINS CARL T**

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

**5103 MEMORIAL HWY**

City

**TAMPA FL 33634 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

**3/27/01**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WARD, DON 8709 DRIFTWOOD DR. TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST LUBER, MAUREEN 3301 BAYSHORE BLVD, #909 TAMPA FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WARD DON E. 15864 SANCTUARY DR TAMPA FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST WARD, MAUREEN 15864 SANCTUARY DR TAMPA 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**DON E. WARD**

Date

**3/27/01**

Daytime Phone #

**(8.3) 975-5922**

CR2E034 (10/00)