

2000 UNIFORM BUSINESS REPORT (UBR)

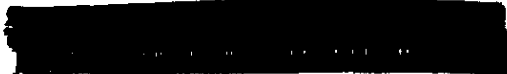
5-10-00

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 039 ***150.00

DOCUMENT # *P99000018939*
 1. Entity Name
 [REDACTED]

Principal Place of Business Mailing Address
4 WARD MAINTENANCE & REPAIR INC.
P.O. BOX 953578
LAKE MARY, FL 32795-3578



DO NOT WRITE IN THIS SPACE

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 Applied For
59-3498414 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WADE J. WARD
1133 SWAN ST
DETONA, FL 32725

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. This 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 date 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 \$160.00
AFTER MAY 15, 2000 FEE WILL BE \$450.00 PER YEAR
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 | <i>PRES</i> | <input type="checkbox"/> Delete |
| NAME | <i>WADE J. WARD</i> | |
| STREET ADDRESS | <i>1133 SWAN ST</i> | |
| CITY - ST - ZIP | <i>DETONA, FL 32725</i> | |
| TITLE | <i>V. PRES</i> | <input type="checkbox"/> Delete |
| NAME | <i>KELLY ANN WARD</i> | |
| STREET ADDRESS | <i>1133 SWAN ST</i> | |
| CITY - ST - ZIP | <i>DETONA, FL 32725</i> | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PA 4/27/00 #2156
7150.00

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 changed, or on an [REDACTED] with an address, with all other like empowered.

SIGNATURE: *Wade J. Ward Jr.* *4/27/2000* *407-695-2032*