

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90003 022 \*\*\*150.00

**DOCUMENT # P98000018939**

1. Entity Name  
**4WARD MAINTENANCE AND REPAIR, INC.**

Principal Place of Business P.O. BOX 953578 LAKE MARY FL 32795-3578	Mailing Address P.O. BOX 953578 LAKE MARY FL 32795-3578
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3498414**      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

**WADE, WARD J**  
**1133 SWAN AVE**  
**DELTONA FL 32725**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*1118 CAMBRIDGE ST*  
 City *DELTONA, FL*      Zip Code *32725*

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 *Wade J. Ward*      (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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> WARD, WADE J 1133 SWAN STREET DELTONA FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<i>1118 CAMBRIDGE ST DELTONA, FL 32725</i>
<input type="checkbox"/> Delete	<b>V</b> WARD, KELLY A 1133 SWAN STREET DELTONA FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<i>1118 CAMBRIDGE ST DELTONA, FL 32725</i>
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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: *Wade J. Ward*      **WADE J. WARD, PRES**      Date: *4/26/01*      Daytime Phone #: *407-695-2033*

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CR2E034 (10/00)