

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90407 003 ***150.00

0058090

DOCUMENT # 353054

1. Entity Name
WADSETTER CORP

Principal Place of Business: **5 SHADOW LANE MAITLAND FL 32751**
 Mailing Address: **P.O. BOX 1612 WINTER PARK FL 32790 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FFI Number: **59-1303031** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
**STEWART, PIERRE L.
 1412 E. ROBINSON ST.
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Numbers Not Acceptable): _____
 City: _____ 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: _____ DATE: _____
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when remaining))

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 \$250.00
 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: P NAME: BANKS, E.G. STREET ADDRESS: 5 SHADOW LANE CITY-ST-ZIP: MAITLAND FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: BANKS, LAWRENCE STREET ADDRESS: 3218 HELEN AVENUE CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete	TITLE: VP NAME: <i>Lawrence S. Banks</i> STREET ADDRESS: <i>2907 Harrison Ave.</i> CITY-ST-ZIP: <i>Orlando, FL 32804</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence S. Banks* DATE: *4-23-01* DAYTON PHONE: *407-481-2057*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)