

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90053 010 ***150.00

DOCUMENT # 343659

1. Entity Name
WAKELY AND ASSOCIATES INC.

Principal Place of Business
**SUITE 1100
33 NORTH GARDEN AVENUE
CLEARWATER FL 33755-6606**

Mailing Address
**SUITE 1100
33 NORTH GARDEN AVENUE
CLEARWATER FL 33755-6606**



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 **59-1235891**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANTHONY, JOHN J
1820 SOUTH HIGHLAND AVENUE
CLEARWATER FL 34616**

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, 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 **D** ☐ Delete
NAME **GORDON, RICK ALAN**
STREET ADDRESS **59 WILDERNESS CAMP RD.**
CITY-ST-ZIP **WHITE GA 30184**

TITLE **TVD** ☐ Change ☒ Addition
NAME **PRICE, DOUGLAS M**
STREET ADDRESS **2819 Saher Dr**
CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **V** ☐ Delete
NAME **TUCKER, MICHAEL J**
STREET ADDRESS **1703 ALLENS CREEK DR.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Yancy Jr, Dalos Harley**
STREET ADDRESS **809 Horseshoe Creek Rd**
CITY-ST-ZIP **Rome, GA 30165**

TITLE **VSD** ☐ Delete
NAME **BISCOGLIA, RAYMOND J**
STREET ADDRESS **218 SAND KEY ESTATES DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VSD** ☒ Change ☐ Addition
NAME **Biscoglia, Raymond J.**
STREET ADDRESS **524 Belle Isle Avenue**
CITY-ST-ZIP **Belleair Beach, FL 33786**

TITLE **PTD** ☐ Delete
NAME **ANTHONY, JOHN J**
STREET ADDRESS **1717 PEACEFUL AVE**
CITY-ST-ZIP **BELLEAIR, FL 00000**

TITLE **PTD** ☒ Change ☐ Addition
NAME **Anthony, John J.**
STREET ADDRESS **1580 Gulf Blvd.**
CITY-ST-ZIP **Belleair Beach, FL 33786**

TITLE **D** ☐ Delete
NAME **MORROW, ROBERT G**
STREET ADDRESS **347 MT. ALTO RD. SW**
CITY-ST-ZIP **ROME GA 30165**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SAMPLES, WALTER R**
STREET ADDRESS **307 BUTTONWOOD LANE**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **D** ☐ Change ☒ Addition
NAME **Yancy III, Dalos Harley**
STREET ADDRESS **31 Huntington Rd.**
CITY-ST-ZIP **Rome, GA 30165**

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

John J. Anthony

Date

5/30/01

Daytime Phone

727-584-8125

X2102

CR2E034 (10/00)