

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90104 038 ***150.00

DOCUMENT # 644306

1. Entity Name

WADSWORTH DEVELOPMENT CORPORATION

Principal Place of Business

**16326 GULF BLVD
REDINGTON BEACH FL 33708**

Mailing Address

**16326 GULF BLVD
REDINGTON BEACH FL 33708**

2. Principal Place of Business

267-75th Avenue

Suite, Apt. #, etc.

3. Mailing Address

267-75th Avenue

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

City & State

St. Pete Beach, FL

Zip

33706

Country

USA4. FEI Number **59-1974584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DOUGLASS, ROBERT A
16326 GULF BLVD
REDINGTON BEACH FL 33708****7. Name and Address of New Registered Agent**

Name

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

267-75th Avenue

City

St. Pete Beach**FL**

Zip Code

33706

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	WADSWORTH, LON C	
STREET ADDRESS	16326 GULF BLVD	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOUGLASS, ROBERT A	
STREET ADDRESS	16326 GULF BLVD	
CITY-ST-ZIP	REDINGTON BLVD FL 33708	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEHMANN, LANA JO	
STREET ADDRESS	16326 GULF BLVD	
CITY-ST-ZIP	REDINGTON BLVD FL 33708	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	267-75th Avenue	
CITY-ST-ZIP	St, Pete Beach, FL 33706	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	267-75th Avenue	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	267-75th Avenue	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Lon C. Wadsworth**4/15/01****727-367-5614**

Date

Daytime Phone #

CR2E034 (10/00)