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2002 UNIFORM	BUSINESS	REPORT	(UBR)
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Jan 08, 2002 8:00 am Secretary of State F98000001182 1. Entity Name WADE SERVICES, INC. 01-08-2002 90014 021 ***150.00 Principal Place of Business Mailing Address PO DRAWER 399 PO DRAWER 399 ELLISVILLE MS 39437 ELLISVILLE MS 39437 B0000730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 64-0810818 Not Applicable Zip Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KETELTAS, LISA Street Address (P.O. Box Number is Not Acceptable) 5006 SR 54 **NEW PT RICHEY FL 34653** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition (9/01) WADE, SIDNEY A NAME 1178 TUCKERS CROSSING RD. STREET ADDRESS STREET ADDRESS 8 **ELLISVILLE MS 39437** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WADE, GAYLOR NAME STREET ADDRESS 1178 TUCKER'S CROSSING RD. STREET ADDRESS CITY-ST-ZIP **ELLISVILLE MS 39437** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: GASIGNATURE