

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05938

1. Entity Name

WADE-TRIM, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90041 033 ***150.00

Principal Place of Business	Mailing Address
4919 MEMORIAL HWY 200 TAMPA FL 33634 US	4919 MEMORIAL HWY STE 200 TAMPA FL 33634-7500 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2417170	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
GILDERSLEEVE, DAVID B. 4919 MEMORIAL HWY TAMPA FL 33634	Name TRIM, JEFFREY D. 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) Jeffrey D. Trim JEFFREY D. TRIM
Signature, type 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS M. WATSON 4949 MEMORIAL HWY TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4919 MEMORIAL HIGHWAY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRIM, JEFFREY 4919 MEMORIAL HWY TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS R. DAIL 4919 MEMORIAL HWY TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILDERSLEEVE, DAVID B. 4919 MEMORIAL HWY TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZDYRSKI, DONALD E 44696 HELM STR PLYMOUTH MI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 25251 NORTHLINE ROAD TAYLOR, MI 48180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jeffrey D. Trim JEFFREY D. TRIM
Signature, type or printed name of signing officer or director Date Daytime Phone #