

DOCUMENT # H77324

1. Entity Name
WADECO, INC.

Principal Place of Business
8895 NORTH MILITARY TR.
STE 203 B
PALM BCH GARDENS FL 33410

Mailing Address
8895 NORTH MILITARY TR.
STE 203 B
PALM BCH GARDENS FL 33410

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90079 002 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 N U.S. Highway 1
Suite, Apt. #, etc.
Suite 510
City & State
Jupiter FL
Zip
33477 Country
USA

3. Mailing Address
1001 N U.S. Highway 1
Suite, Apt. #, etc.
Suite 510
City & State
Jupiter FL
Zip
33477 Country
USA

4. FEI Number 59-2590260 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RILEY, HOWARD W. III
~~8895 NORTH MILITARY TR.~~
~~STE 203 B~~
~~PALM BCH GARDENS FL 33410~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1001 N U.S. Highway 1
Suite 510
City Jupiter FL Zip Code 33477

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 Howard W. Riley, III Howard W. Riley, III DATE 1/5/2001
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ADDITIONAL OFFICERS AND DIRECTORS IN 11	
TITLE	DPT RILEY, HOWARD W III 8895 N MILITARY TR SUITE 203B PALM BCH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE	1001 N U.S. Highway One Suite 510 Jupiter, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVS RILEY, VICTORIA J. 8895 N MILITARY TR., STE 203B PALM BCH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE	1001 N U.S. Highway One Suite 510 Jupiter, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: H. Wade Riley, III 1/04/2001-561-747-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)