

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43972

1. Entity Name

DANIEL J. WADE, INC.

Principal Place of Business

227 SE 8TH ST
OCALA FL 34471
US

Mailing Address

P O BOX 2618
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

3391 E. SILVER SPRINGS BLVD

Suite/Apt. #, etc.
F

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34470

Country

US

Zip

Country

4. FEI Number 59-3021533

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

WADE, DANIEL J.
227 SE 8TH ST
OCALA FL 34471

Name

3391 E. SILVER SPRINGS BLVD

SUITE F

OCALA

FL

Zip Code
34470

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

DANIEL J. WADE, PRESIDENT

4/8/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
WADE, DANIEL J.
227 SE 8TH ST
OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
3391 E. SILVER SPRINGS BLVD., SUITE K
OCALA, FL 34470

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
NANCY L. WADE
3391 E. SILVER SPRINGS BLVD, SUITE F
OCALA, FL 34470

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. WADE

4/8/01

Date

352-732-5404

Daytime Phone #

0419994

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE