

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 91271 016 ***150.00

DOCUMENT # P00000032458



1. Entity Name
THE WAYNE CORPORATION

Principal Place of Business
1321 W. BROADWAY 52 Graham Ave.
OVIEDO FL 32765

Mailing Address
1321 W. BROADWAY 52 Graham Ave.
OVIEDO FL 32765

55042224



2. Principal Place of Business
52 Graham Ave.

3. Mailing Address
52 Graham Ave.

☐ CHECK HERE IF MAKING CHANGES

City & State
Oviedo FL

City & State
Oviedo FL

4. FEI Number 59-3645127

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

6. Name and Address of Current Registered Agent
SONNENSCHN, MICHAEL D ESQ
STEIN, SONNENSCHN, HOCHMAN, PEPPLER
1420 ALAFAYA TR., STE. 101
OVIEDO FL 32765

7. Name and Address of New Registered Agent
Name
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 4/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TUCKER, BOBBY WAYNE 1321 W. BROADWAY OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tucker, Bobby Wayne 52 Graham Avenue Oviedo, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 5-15-03 DAYTIME PHONE # 407-977-8643

CR2004 (10/02)