

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90096 040 ***150.00

DOCUMENT # P00000100860

1. Entity Name

JW'S FARRIER SERVICE, INC.

Principal Place of Business

**26965 65TH AVE EAST
 MYAKKA CITY FL 34251**

Mailing Address

**26965 65TH AVE EAST
 MYAKKA CITY FL 34251**

2. Principal Place of Business

1850 S. DUETTE RD

3. Mailing Address

1850 DUETTE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ONA, FL

City & State

ONA, FL

Zip

33865-9549

Country

Zip

33865-9549

Country

4. FEI Number

65-1061077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WADE, JASON T

**26965 65TH AVE EAST
 MYAKKA CITY FL 34251**

7. Name and Address of New Registered Agent

Name **JASON T. WADE**

Street Address (P.O. Box Number is Not Acceptable)

1850 S. DUETTE RD

City **ONA**

FL

Zip Code

33865-9549

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

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, 2002 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

TITLE **D** ☐ Delete
 NAME **WADE, JASON T**
 STREET ADDRESS **26965 65TH AVE EAST**
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1850 S. Duette Rd.**
 CITY-ST-ZIP **Ona, FL 33865-9549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Jason Wade
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON Wade 3/20/02

Date

Daytime Phone #

CR2E034 (9/01)