

3/25

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90116 002 ***150.00

DOCUMENT # P01000001098

1. Entity Name

WADLEY-DONOVAN GROUP, INC.

Principal Place of Business

**3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA FL 32082**

Mailing Address

**3 SAWGRASS DRIVE
PONTE VEDRA FL 32082**

2. Principal Place of Business

3 SAWGRASS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA FL

City & State

4. FEI Number

59-3690354

Applied For

Not Applicable

Zip

32082

Country

FLORIDA

Zip

Country

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

Name

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

3 SAWGRASS DR

City

PONTE VEDRA

FL

Zip Code

32082

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 fee 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 | CPD | <input type="checkbox"/> Delete |
| NAME | WADLEY, JAMES P | |
| STREET ADDRESS | 3 SAWGRASS DRIVE | |
| CITY-ST-ZIP | PONTE VEDRA FL 32082 | |
| TITLE | DM | <input type="checkbox"/> Delete |
| NAME | FREDERICK, WILLIAM P | |
| STREET ADDRESS | 35 VALLEY ROAD | |
| CITY-ST-ZIP | MADISON NJ 07940 | |
| TITLE | DM | <input type="checkbox"/> Delete |
| NAME | DONOVAN, DENNIS | |
| STREET ADDRESS | 323 GRAND STREET | |
| CITY-ST-ZIP | HOBOKEN NJ 07030 | |
| TITLE | DMS | <input type="checkbox"/> Delete |
| NAME | BURDORF, KATHLEEN | |
| STREET ADDRESS | 175 POTOMAC DRIVE | |
| CITY-ST-ZIP | BASKING RIDGE NJ 07920 | |
| TITLE | DM | <input type="checkbox"/> Delete |
| NAME | GUTSHAW, JOHN | |
| STREET ADDRESS | 6 DREAMHOOK ROAD | |
| CITY-ST-ZIP | WHITEHOUSE STN NJ 08889 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/4/02 973-216-9219