

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90181 036 \*\*\*150.00

**DOCUMENT # P01000046660**

1. Entity Name  
**WAKEFIELD, INC.**

Principal Place of Business

**12012 SULA STREET  
ORLANDO FL 32837**

Mailing Address

**12012 SULA STREET  
ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0558298**

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

**WAKEFIELD, SCOT  
12012 SULA STREET  
ORLANDO FL 32837**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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  
**PSTD  
WAKEFIELD, SCOT  
12012 SULA STREET  
ORLANDO FL 32837** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

678565

#P01000046660

Wakefield Inc.  
12012 Sula st.  
Orlando, FL 32738  
EIN#02-0558298

August 13<sup>th</sup> 2000

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE; UNIFORM BUSINESS REPORT (i.e. notice #CP 575 A)

To Whom It May Concern,

Persuant to the directives in 2002 UNIFORM BUSINESS REPORT Wakefield Inc. states that this is the first notice and enclose a check in the amount of \$150.00 with UBR DOC #P01000046660



S.D. Wakefield  
Chairman

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0132849570

Your Telephone Number Best Time to Call  
(407) 852-1265 MORNING

DATE OF THIS NOTICE: 03-15-2002  
EMPLOYER IDENTIFICATION NUMBER: 02-0558298  
FORM: SS-4

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45202

WAKEFIELD INC  
12012 SULA ST  
ORLANDO FL 32837