

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081343

1. Entity Name

WEDABEST, INC.

Principal Place of Business

9248 N W 18TH STREET
PLANTATION FL 33322

Mailing Address

9248 N W 18TH STREET
PLANTATION FL 33322

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

65-1131675

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

SOULE, JAMES L
7515 W. OAKLAND PARK BLVD.
SUITE 100
FT. LAUDERDALE FL 33319

Name Jeffrey T. GAGE

Street Address (P.O. Box Number is Not Acceptable)
9248 NW 18th ST.

City Plantation

FL

Zip Code 33322

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)

4-30-02

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 PRESIDENT
NAME Jeffrey T. GAGE
STREET ADDRESS 9248 NW 18th ST
CITY-ST-ZIP PLANTATION FL 33322

TITLE EXECUTIVE VICE PRESIDENT
NAME SANDRA K. GAGE
STREET ADDRESS 9248 NW 18th ST
CITY-ST-ZIP PLANTATION FL 33322

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

954-382-1604

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-24-2002 91301 004 ***150.00

94775



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)