

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90224 015 ***150.00

DOCUMENT # *PO2000072355*

1. Entity Name

WadeCo USA Inc



10065986

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Tampa FL
Suite, Apt. #, etc.

3. Mailing Address

5109 Garden Vale Ave
Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FEI Number

56-2283623

Applied For

Not Applicable

Zip

Country

Zip

Country

33624

Hillsborough

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Dennis Higgins

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

5109 Garden Vale Ave

City

Tampa

FL

Zip Code

33624

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: *PLV/SIT/D/C/M*
NAME: *Dennis Higgins*
STREET ADDRESS: *5109 Garden Vale Ave*
CITY-ST-ZIP: *Tampa FL 33624*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis W. Higgins*

3-2-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)