FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO2000072355 1. Entity Name Wade Co USA LVC

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

04-11-2003 90224 015 ***150.00

	DO NOT WRI	re in this s	PACE	10060306	. .
2. Principal F	Place of Business	3. Mailing Address	,	**	
TAMOR LI		5/09 Garden Vale he			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State TAMON 7		4. FEI Number 56-2283623	Applied For Not Applicable
Zip	Country	Zip 33624	Hells bo roug) 5. Certificate of Status Desired	\$8.75 Additional Fee Required
			THILL GO TOUR	7. Name and Address of Current Registered	
	the manufacture the property of the contract o		Name	1/	
	DO_NOT	WRITE	Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS S	The Property of the Committee of the Com	5109 Go	inden Vale Aus	
	IN ITHO	JFAVE - CONTRACT			
			City TAN	FL	Zip Code 33/024
		ent for the purpose of changing	ts registered office or registe	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept
the obligat	tions of registered agent.	•			
SIGNATURE	<i>;</i> , \$				
	Signature, typed or printed name of registered	ear, for talker on four start.	OTE: Registered Agent signature require	ed 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	PIVISITIDICIN	n	TITLE		
NAME	Dennis Higgi	2 N	NAME		
STREET ADDRESS CITY-ST-ZIP		10 To 7/22 174	STREET ADDRESS CITY-ST-ZIP		
TITLE	5109 Gorden Vale A	ve 194 (1>>624	SITTLE COMMENT OF THE PARTY OF		An in Statement in the Control
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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.

MLE NAME .

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP