

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

ATX1

DOCUMENT # P03000141122
1. Entity Name
Roger Wade, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 28 PM 3:21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
P O Box 1413		P O Box 1413	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Crawfordville, FL		Crawfordville, FL	
Zip	Country	Zip	Country
32326-1413	US	32326-1413	US

700153354367
04/28/09--01046--024 **150.00
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4. FEI Number	Applied For
20-0443842	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent

Name
Wade, John R
Street Address (P.O. Box Number is Not Acceptable)
90 Lawhon Mill Road
City
Crawfordville
FL
Zip Code
32327

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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Wade, John R
STREET ADDRESS	P O Box 14413
CITY-ST-ZIP	Crawfordville, FL 32326
TITLE	
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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: John R. Wade John R. Wade, President 4/13/2009 850 524-5817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #