

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91221 048 ***158.75

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DOCUMENT # P94000033770

1. Entity Name

RODRIGUEZ, WAITE AND ASSOCIATES, INC.

Principal Place of Business

**1110 CRANE BLVD
 SUMMERLAND KEY FL 33042**

Mailing Address

**1110 CRANE BLVD
 SUMMERLAND KEY FL 33042**

2. Principal Place of Business

23328 NE 35th Ave

3. Mailing Address

PO Box 385

Suite, Apt. #, etc.

Melrose, FL

Suite, Apt. #, etc.

Melrose, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0489205

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WAITE, BRUCE DR
 1110 CRANE BLVD
 SUMMERLAND KEY FL 33042**

7. Name and Address of New Registered Agent

Name

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

23328 NE 35th Ave

City

Melrose, FL

FL

Zip Code

32666

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)

DATE

1/24/02

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 **VD** ☐ Delete
 NAME **WAITE, GWEN A**
 STREET ADDRESS **1110 CRANE BLVD**
 CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

TITLE **PD** ☐ Delete
 NAME **WAITE, BRUCE DR.**
 STREET ADDRESS **1110 CRANE BLVD**
 CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **23328 NE 35th Ave**
 CITY-ST-ZIP **Melrose, FL 32666**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **23328 NE 35th Ave.**
 CITY-ST-ZIP **Melrose, FL 32666**

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

Daytime Phone #

352-475-3777

CR2E034 (9/01)