## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2001 8:00 am Secretary of State DOCUMENT # P94000040052

1. Entity Name

WAYNE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

777 YAMATO RD

17968 FIELDBROOK CIRCLE SOUTH **BOCA RATON FL 33496** 

**STE 111** BOCA RATON FL 33431

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

02-26-2001 90555 015 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4. FÉI Number Applied For City & State City & State 65-0493210 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOOLF, JARED Street Address (P.O. Box Number is Not Acceptable) 17968 FIELDBROOK CIRCLE SOUTH **BOCA RATON FL 33496** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI	
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WOOLF, JARED W		NAME		
STREET ADDRESS	17968 FIELDBROOK CIRCLE SOUTH	,	STREET ADDRESS		
CITY-ST-ZİP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	Addition
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY OF 71D			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:** 

CR2E034 (10/00)