FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90152 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013023

1. Entity Name: WADE CAPITAL, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
390 Donald E. Smith Blvd	3201 Bayou Sound
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeBARY, FL	City & State: Longboat Key, FL
Zip: 32713 Country: US	Zip: 34228 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650056460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. **Name and Address of Current Registered Agent**

Name: JANE D. VERNON

Street Address (P.O. Box Number is Not Acceptable): 3201 Bayou Sound

City: Longboat Key **FL** Zip Code: 34228

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	William G. VERNON	NAME	
STREET ADDRESS	3201 Bayou Sound	STREET ADDRESS	
CITY-ST-ZIP	Longboat Key, FL 34228	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Jane D. VERNON	NAME	
STREET ADDRESS	3201 Bayou Sound	STREET ADDRESS	
CITY-ST-ZIP	Longboat Key, FL 34228	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Jane D. Vernon JANE D. VERNON 4/19/02 941-650-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #