

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020855

1. Entity Name
WADE SHOWS INCORPORATED



Principal Place of Business
16958 US 41 S.
SPRINGHILL FL 34610

Mailing Address
16958 US 41 S.
SPRINGHILL FL 34610

FILED
03 SEP -2 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3308580

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOWLTON, HORACE A IV
442 W. KENNEDY BLVD.
SUITE 280
TAMPA FL 33606

Name

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

City

FL

Zip Code

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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003-Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ZAITSHIK, FRANK
STREET ADDRESS 16958 US 41 S.
CITY-ST-ZIP SPRINGHILL FL 34610 ☐ Delete

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

TITLE D
NAME ZAITSHIK, MELISSA
STREET ADDRESS 16958 US 41 S.
CITY-ST-ZIP SPRINGHILL FL 34610 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0142138 AT

CR2E034 (4/03)



WADE SHOWS, INC.

100 Quality Amusement Rides

Sunday, 8/24/03

Dear Mr. Kassees,

As we are a traveling carnival, we often have trouble obtaining our mail. We were operating in Texas all last winter, and did not receive any of the first notices of the Uniform Business Report forms for our four Florida corporations.

Thank you for your assistance and consideration.

Sincerely,



Michael E. Morrison
Finance Manager

March 1 - October 31

November 1 - March 31

P.O. Box 210310
Auburn Hills, MI 48321
(248) 391-2831 • (248) 391-4339 Fax

16958 US Highway 41 South
Springhill, FL 34610
(352) 754-7284