2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000029577 **DOCUMENT #**

1. Entity Name
WADE'S BALED PINESTRAW, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90107 044 ***150.00

				- 155			
20839 COUNTY ROAD 137 2083		Mailing Address 20839 C.R. 137 LAKE CITY FL 32024	0839 C.R. 137				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		- '	4. FEI Number 59-3298737		pplied For
Zip	Country	Zip	Country	-	5. Certificate of Status Desired	\$8.75 Ad	lot Applicable
	6. Name and Address of Current	Registered Agent			7∺Name and Address of New Regis		-
Wade, M	IASON L JR		Name		•		
-23493-81ST-ROAD				Street Address (P.O. Box Number is Not Acceptable)			
O'BRIEN	248	24848 S.L. 247					
				9'BRIEN FL Zip Code / 3207/			
the above	e named entity submits this statement for tions of registered agent.	r the purpose of changing	its registered office o	r registered	agent, or both, in the State of Florida.	I am familiar with,	and accept
SIGNATŲRE	Signature, typed or printed name of registered agent a	nd title if applicable (N	OTE: Registered Agent signa				
	FILE NOW!!! FEE IS \$150.00	(in the interpretation of the interpretation	OTC. Registered Agent signa	tore required whe	an reinsta(ing)	DATE	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			 Election Campaign Financir Trust Fund Contribution. 	~ _ \	00 May Be
10.	OFFICERS AND I		1 11,		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE			Change	Addition
NAME STOCET ADDRESS	WADE, MASON L JR 23493-81ST ROAD		NAME		0 1 2 4 7		
STREET ADDRESS CITY-ST-ZIP	O'BRIEN-FL		STREET ADDRESS CITY-ST-ZIP		8 S.L. 247		
TITLE	PST	□ Delete	TITLE	O.BKE	EN, FL 32071	Charac	CT Addis.
NAME	WADE, MASON L JR	Detele	NAME			☐ Change	Addition
STREET ADDRESS	20839 C.R. 137		STREET ADDRESS				ĺ
CITY-ST-ZIP	LAKE CITY FL 32024		CITY-ST-ZIP	S: 2 22	7111		
TITLE NAME		☐ Delete	TITLE		-	☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME CTREET ADDRESS			NAME				_
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		~~	NAME			t] Grange	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
	<u> </u>		CITY-ST-ZIP	<u> </u>		·	
TITLE		☐ Delete	TITLE			fra or	—

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 of trustee empowered to execute this apport 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 all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

☐ Addition