

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**  
 05-09-2000 90116 029 \*\*\*150.00

**DOCUMENT # P95000077746**

1. Entity Name  
**VANCE WADSWORTH, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>5308 88TH ST. E.<br/>                 BRADENTON FL 34202<br/>                 US</b> | Mailing Address<br><b>5308 88TH ST. E.<br/>                 BRADENTON FL 34202-4056<br/>                 US</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>9979 CHERRY HILLS AVE Cir</b> | 3. Mailing Address<br><b>9979 CHERRY HILLS AVE Cir.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                     |
| City & State<br><b>BRADENTON, FL</b>                               | City & State<br><b>BRADENTON, FL</b>                    |
| Zip<br><b>34202</b>  | Zip<br><b>34202</b>                                     |
| Country<br><b>U.S.A.</b>   | Country<br><b>U.S.A.</b>                                |

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0610653</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>WADSWORTH, MELISSA A<br/>                 5308 88TH ST. E.<br/>                 BRADENTON FL 34202</b>                                       |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9979 CHERRY HILLS AVE. Cir.</b><br>City <b>BRADENTON, FL</b> Zip Code <b>34202</b> |  |

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 *Melissa Wadsworth* **MELISSA WADSWORTH** **3/3/00**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WADSWORTH, VANCE<br/>3165 57TH AVENUE CIRCLE E<br/>BRADENTON FL 34203</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>9979 CHERRY HILLS AVE. Cir.<br/>BRADENTON, FL. 34202</b>                  |
|  | <input type="checkbox"/> Delete  |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
|  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Vance Wadsworth* **VANCE WADSWORTH** **3/3/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)