## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P95000077746

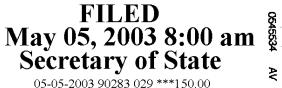
1. Entity Name

VANCE WADSWORTH, INC.



Principal Place of Business 9979 CHERRY HILLS AVE CIR Mailing Address

9979 CHERRY HILLS AVE CIR



05-05-2003 90283 029 \*\*\*150.00

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WADSWORTH, MELISSA A 9979 CHERRY HILLS AVE CIR BRADENTON FL 34202  City  City  FL  Zio Code  City  FL  Zio Code  City  FL  Zio Code  City  FL  About named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. 1 am familiar with, and act the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Makic/heck Payable to Florida Department of State  Int.  TITLE  MALE  SIFET ADDRESS  OTY ST 2P  TITLE  MALE  STREET	Zip Country			Zìp	Country		5. (	Certificate of Status Desired		8.75 Add	litional	
WADSWORTH, MELISSA A 9978 CHERRY HILLS AVE OR BRADENTON FL 34202  8. The above named entity sutmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and act the collipations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Act After May 1, 2003 Fee will be \$550.00  Make(Thock Payable to Florida Department of State    10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WADSWORTH, VANCE  STREET ADDRESS  ONLY 51-2P  TITLE  MAME STREET ADDRESS  ONLY 51-2		6. Name	and Address of Current F	Registered Agent			7. N	ame and Address of New Regis	tered Ag	ent_		
SITER ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST					Name						j	
City FL Zio Code  8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent.  Signature Transport of the ourpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent.  Signature type of preference of registered agent and title it spalleable. (NOTE flegistered Agent agrature required where relination).  DETERMINE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU				Street Address			ss (P.O. Bo	(P.O. Box Number is Not Acceptable)				
B. 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 act the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature viprida remore of registered agent will be it applicable. (NOTE Registered Agent signature secured when religitating)   DATE   PILE NOW!!! FEE IS \$150.00   Added to Fee   Add	BRADENT	ON FL 342	02									
SIGNATURE    Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of registered agent and tise if explicable. (NOTE Registered Agent signature required when reinvalating)   Signature hybrid to printed nerror of policits in the print is printed agent and signature required when reinvalating)   Signature hybrid to print is printed agent and signature required when reinvalating)   Signature hybrid to print is printed agent and signature required when reinvalating in the print is printed agent and signature required when reinvalating in the print is printed agent and signature required when reinvalating in the print is printed agent and signature required when reinvalating in the print is printed agent and signature required when reinvalating in the print is printed to Fee State Aponess (City St. 2p)   Signature hybrid agent financing   S.5.00 May Added to Fee State Flowers   Signature Front Flowers   Signature hybrid agent financing   S.5.00 May Added to Fee State						City			FL	Zip Code	•	
Suparase, plant or printed name of registered agent and title if application   (NOTE Registered Agent signature culted when crimicature)   Date												
## After May 1, 2003 Fee will be \$550.00   Make (Check Payable to Florida Department of State												
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department of	<u>.                                  </u>				Trust Fund Contribution.		Added	to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME	<sub>ε</sub> 10	<u> </u>	OFFICERS AND D		11.		ADI	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11	
NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP	NAME* STREET ADDRESS	WADSWORTH, VANCE 9979 CHERRY HILLS AVE CIR				E ET ADDRESS				☐ Change	☐ Addition	
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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:

CONSTRUCTION OF THE SECOND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #