

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90043 008 ***150.00

DOCUMENT # P95000097397

1. Entity Name

WEDGEFIELD CENTRE, INC.

Principal Place of Business

**664 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**

Mailing Address

**664 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442****429593**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20751 S. R. 520

3. Mailing Address

2336 S. East Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Stuart, FL

4. FEI Number

65-0640172

Applied For

Not Applicable

Zip

32833

Country

US

Zip

34996

Country

US5. 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

BLAKE, GERALD F**664 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**

Name

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

2336 S. East Ocean Blvd., #366City
Stuart**FL**Zip Code
34996

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) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPVT** ☐ Delete
NAME **BLAKE, GERALD F**
STREET ADDRESS **664 SOUTH MILITARY TR.**
CITY-ST-ZIP **DEERFIELD BEACH FL**TITLE **S** ☐ Delete
NAME **BLAKE, GERALD F**
STREET ADDRESS **664 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **DEERFIELD BEACH FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2336 S. East Ocean Blvd., #366**
CITY-ST-ZIP **Stuart, FL 34996**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2336 S. East Ocean Blvd., #366**
CITY-ST-ZIP **Stuart, FL 34996**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Gerald F. Blake**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

772-463-1009

Daytime Phone #

CR2E034 (9/01)