2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000062206 **DOCUMENT #**

1. Entity Name

THE WAVEZ OF MAITLAND, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90058 014 ***150.00

Principal Pl. 425 S ORL MAITLAND US		Mailing Address 425 S. ORLANDO AVE. MAITLAND FL 32751			
2. Principal	Place of Business	3. Mailing Address			
		V. Walling Address		r ramerant tre ferite britt beltit estit Beltit	#1510 \$1050 150\$\ E0110 0\\\
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	G CHANGES
City & Sta		City & State		4. FEI Number 59-3391642	Applied For Not Applicable
Zip -	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered	Fee Required
DUVEO	OHERVA I		Name	The state of the registered	agent
	SHERYL L		Street Addre	ess (P.O. Box Number is Not Acceptable)	
	RLANDO AVE D _V FL 32751			(
INICK I CAN	U-y-L 32/31			-	
	·		City	FL	Zip Code
8. The above	named entity submits this statement	for the purpose of changing its	s registered office or regi	istered agent, or both, in the State of Florida. I am f	amiliar with and accept
SIGNATURE	_of Tukas 1	Dres. 5	i Duke-	a. President	18/03
	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registered Agent signature req	quired when reinstating) DATE	0/05
Afte	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9 Floring Community	
Make Check	Payable to Florida Department	of State		9. Election Campaign FinancingTrust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS	
TITLE	D	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND	
NAME STREET ADDRESS	DUKES, SHERYL L		NAME		☐ Change ☐ Addition
CITY-ST-ZIP	425 S. ORLANDO AVE. MAITLAND FL 32751		STREET ADDRESS		}
TITLE		Delete	CITY-ST-ZIP		
NAME		L) Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		ļ
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME Street address			NAME		Change
CITY-ST-ZIP			STREET ADDRESS		
THILE			CITY-ST-ZIP		
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		•	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	•	☐ Delete	TITLE	Γ	☐ Change ☐ Addition
STREET ADDRESS			NAME		_ nounder
CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP		ĺ
	rtify that the information supplied with n this report or supplemental report is oration or the receiver or trustee empor r on an attachment with an address		he exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify e same legal effect as if made under oath; that I am 17, Florida Statutes; and that my name appears in B	that the information an officer or director lock 10 or Block 11 if

SIGNATURE:

Date

Daytime Phone #