

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097523

1. Entity Name

WADE ENTERPRISES OF FWB, INC.

**FILED**  
Feb 29, 2000 8:00 am  
**Secretary of State**

02-29-2000 90172 023 \*\*\*150.00

Principal Place of Business

Mailing Address

79 WAYNELL CIRCLE  
WALTON BEACH FL 32548

PO BOX 2161  
FT WALTON BEACH FL 32549-2161

2. Principal Place of Business

3. Mailing Address

709 FOREST STREET

709 FOREST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

Country

32541

USA

Zip

Country

32541

USA

4. FEI Number

59-3478989

Applied For

Not Applicable

5. 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

WADE, REMONA L  
79 WAYNELL CIRCLE  
FT WALTON BEACH FL 32548

Name

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

709 FOREST STREET

City

DESTIN

FL

Zip Code

32541

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

REMONA WADE

2/20/2000

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 VP ☐ Delete  
NAME WADE, THOMAS E JR.  
STREET ADDRESS 79 WAYNELL CIR  
CITY-ST-ZIP FT WALTON BCH FL 32548

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 709 FOREST STREET  
CITY-ST-ZIP DESTIN, FL 32541

TITLE P ☐ Delete  
NAME WADE, REMONA L  
STREET ADDRESS 79 WAYNELL CIRCLE  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 709 FOREST STREET  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMONA WADE

Date

2/20/2000

Daytime Phone #

850-269-2319

CR2E034 (9/99)