

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001135

1. Entity Name

WAYDOR GROUP INTERNATIONAL, INC.

Principal Place of Business

5852 CREST LANE
LAKELAND FL 33813

Mailing Address

PO BOX 5566
LAKELAND FL 33807-5566

2. Principal Place of Business

5852 CREST Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5566

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33813

Country

Polk

Zip

33807

Country

Polk

6. Name and Address of Current Registered Agent

WALLACE, C. WAYNE
5852 CREST LANE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 C. Wayne Wallace, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 22, 2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, C. WAYNE	
STREET ADDRESS	5852 CREST LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

April 22, 2000 (863) 647-1376

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90034 019 ***150.00