

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104003

1. Entity Name

J.M. WADD, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90125 026 ***150.00

Principal Place of Business

Mailing Address

8402 QUARTZ PLACE
TAMPA FL 33615

8402 QUARTZ PLACE
TAMPA FL 33615-4925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FIORE, DONNA M
8402 QUARTZ PLACE
TAMPA FL 33615

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FIORE, JOHN	8402 QUARTZ PL.	TAMPA FL 33615	<input type="checkbox"/>
VP	FIORE, WILLIAM	323 W. MAYA	TAMPA FL 33603	<input type="checkbox"/>
ST	CANCHOLA, DAVID	3011 MARLIN AVE.	TAMPA FL 33611	<input type="checkbox"/>
D	CANCHOLA, MONICA	3011 MARLIN AVE.	TAMPA FL 33611	<input type="checkbox"/>
D	FIORE, DONNA	8402 QUARTZ PL	TAMPA FL 33615	<input type="checkbox"/>
D	FIORE, APRIL	323 W. HAYA	TAMPA FL 33603	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (9/99)