

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009652

1. Entity Name

WADE MUSKE ENTERPRISES, INC.

Principal Place of Business

3764 S.E. 1ST PLACE  
CAPE CORAL FL 33907

Mailing Address

3764 S.E. 1ST PLACE  
CAPE CORAL FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MUSKE, WADE M  
3815 S.W. 6TH AVE  
CAPE CORAL FL 33914  
3764 SE 1st Place  
Cape Coral FL  
33904

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS MUSKE, WADE M  
CITY-ST-ZIP 3815 S.W. 6TH AVE  
CAPE CORAL FL 33914

TITLE ☒ Delete  
NAME S  
STREET ADDRESS BLANCHARD, CLIFF  
CITY-ST-ZIP 3764 SW 1ST PLACE  
CAPE CORAL FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME ST.  
STREET ADDRESS Melinda Holloway  
CITY-ST-ZIP 3764 SE 1st Pl.  
CAPE CORAL FL 33904

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

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

TITLE ☐ Change ☐ Addition  
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: *Waade Muske*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

941-541-4187

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90334 026 \*\*\*150.00