

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066094

1. Entity Name

T & D AMERICARD ENTERPRISES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90075 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1153 FARMINGDALE LANE  
PORT RICHEY FL 34655

1153 FARMINGDALE LANE  
NEW PORT RICHEY FL 34655-4203

C0062447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

not apply

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

SANCHEZ, GEORGE I ESQ.  
3446 EAST LAKE RD. STE. 214  
PALM HARBOR FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
STREET ADDRESS	WAKEFIELD, DON A	
CITY - ST - ZIP	1153 FARMINGDALE LANE NEW PORT RICHEY FL 34655	
TITLE	DST	<input type="checkbox"/> Delete
STREET ADDRESS	WAKEFIELD, TERESA D	
CITY - ST - ZIP	1153 FARMINGDALE LANE NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

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

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: Don A. Wakefield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON A. WAKEFIELD

Date

4/10/00

Daytime Phone #

727-376-7485

CR2E034 (9/99)