


FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90047 006 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000081313
 1. Entity Name
 ADRIAN WADEY GOLF, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2224 HOMEWOOD DR. Suite, Apt. #, etc.	3. Mailing Address 2224 HOMEWOOD Dr. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 59-3610628	Applied For Not Applicable
Zip 32809	Country	Zip 32809	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
WADEY, ADRIAN

Street Address (P.O. Box Number is Not Acceptable)
2224 HOMEWOOD DR.

City ORLANDO FL Zip Code 32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing: Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADEY, ADRIAN 2224 HOMEWOOD DR. ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CRZE034B (12/02)

12. 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 10 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 #