2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000100102 DOCUMENT

1. Entity Name

WADE TEAM REALTY, INC.



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90459 015 ***150.00

Principal Place of Business 916 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429			Mailing Address 916 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429									
2. Principal F	Place of Business	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐X CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Nun	nber 59-36115	26		Applied For Not Applicable
Zip		Country	Zip		Coun	try		5. Certifica	ate of Status Desire	d 🗌	\$8.75 / Fee Requ	dditional
	6. Name an	d Address of Current	Registered /	Agent				7. Name a	nd Address of Nev	w Registered	•	
·						Name			<u> </u>			'
WADE, G				Stroot A	ddrone (D)	O Boy Num	sharia Nat Assaut	-1-1-1				
916 N. SL	uncoast blv				Street Address (P.O. Box Number is Not Acceptable)							
CRYSTAL	RIVER FL 344	29					•••					
						City				FL	Zip Co	ode
8. The above	e named entity su	bmits this statement for	r the purpose	of changing its	registere	ed office o	r registered	d agent or h	oth in the State of			
the obligat	tions of registered	agent.	· ····o parpooc	or cridinging its	cgistere	o onice o	i iegisteret.	agent, or t	Join, in the State of	rionda. I am	tamiliar wit	n, and accept
SIGNATURE .	Signature typed or pr	nted name of registered agent a	and title if spellech	lo AIOTE	S							
			ino ine ii applicac		Registered	1 Agent signat	ure required wh	hen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Ckyck Payable to Florida Department o			State				2 · - 2	9. E	Election Campaign Trust Fund Contribu	Financing Lition.	\$5 . □ Add	00 May Be ed to Fees
10.		OFFICERS AND I	DIRECTORS		11.			ADDITION	S/CHANGES TO O	SELCEDO ANIE	DIDECTO	DO IN 44
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receby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mike Wade, Treasurent

352-794**-6**888