2000	UNIFORM	BUSINESS	REPORT	(UBR)
2000	OHITOHIM	POSITION	11-1-011	(ODIL)

2000	UNIFORM BUSI	_		104	8			
DOCUÍ	MENT # P990001	00568	, and the second		٠. «			
1. Entity Nam WAKEFI	e ELD FINANCIAL SERVICES, IN	38,08ET 27,1011,1011	FILEO ARY OF STATE F CORPORATIONS	• •				
Principal Place of Business 9471 BAYMEADOWS RD., STE. 402 JACKSONVILLE FL 32256		Mailing Address 9471 BAYMEADOWS RD. STE. 402 JACKSONVILLE FL 32256		00 JUL	20 AM 9:06	eger en e		
						######################################		
2. Principal Place of Business 1722 Belmonte Avenue		3. Mailing Address 1722 Belmonte Avenue						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State Jackson wille, FL		City & State Jacksonville, FC		4. FEI Number 59-36190	63 N	oplied For lot Applicable		
Zip 32	207 Country	^{Zip} 32207	Country USA	5. Certificate of Status Desire	ed S8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent			Name	7. Name and Address of Ne	w Registered Agent		}	
WAKEFIELD DAVID LEE				- (D.O. Boy Number in Net Accept	able		-	
	1 Baymeadows Rd., Ste. 402 Ksonville Fl. 32256	Street Address (I		(P.O. Box Number is Not Acceptable)			-	
			City		FL Zip Coo	e		
8. The above	named entity submits this statement for t	the purpose of changing its	egiste ed office or regis	tered agent, or both, in the State of			1	
SIGNATI IRE	m/_	1 //			7/7/00			
SIGNATURE Signature, typed or printed name of registered agent and tight applicable. (NOTE: Registrated Agent signature required				ied ਜੀਚਜ਼ (einstating)	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: After SEPTEMBER 13, 2000 Min Make Check Payable to Depai			3, 2000 Min. will be \$7			00 May Be ed to Fees		
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO]_	
NAME STREET ADDRESS CITY-ST-ZIP	PT WAKEFIELD, DAVID LEE 1722 BELMONTE AVE. JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-08/		-017	72E034 (5/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAKEFIELD, SERENA L 1722 BELMONTE AVE. NAM STRE		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J(28) 28	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
13. I hereby certify that the information supplied with this filling 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.								
SIGNAT	TURE: SIGNATURE AND TYPES OR PRI	INTED NAME OF SIGNING OFFICER O	OR DIRECTOR	$\frac{7/7}{6}$	0 904-23 Daytime Phone #	7-1450		



LICENSED MORTGAGE LENDER

Attention: Florida Dept. of Slate

Divisions of Corporations

(850) 487-6059 #2 -> Stacey

RE: Resubmission

Stacey

Thank you for your assistance of the phone the other day. As per our discussion, I am sending you another Check for \$15000. The first Check was mailed in Jan., and I will research my records. If you find that this is a doubte payment, please notify me and return the money. Please note this is a resubmission of the fee is filing!

Manks agam,

De La



