

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 07, 2000 8:00 am  
Secretary of State  
05-07-2000 90039 025 \*\*\*150.00

DOCUMENT # **P99000102842**  
Entity Name  
**A.C. WADE, INC.**

Principal Place of Business  
Mailing Address  
**2923 NW 45 AVE  
GAINESVILLE, FL, 32605**

Principal Place of Business  
**6113 SW 10 Place**  
Suite, Apt. #, etc.  
**A-2**  
City & State  
**GAINESVILLE FL**  
Zip  
**32607**  
Country  
**USA**

3. Mailing Address  
**2923 NW 45 AVE**  
Suite, Apt. #, etc.  
City & State  
**GAINESVILLE Florida**  
Zip  
**32605**  
Country  
**USA**

B0085197

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Arthur C WADE  
2923 NW 45 AVE  
GAINESVILLE, FL, 32605**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 **Arthur C. WADE Pres, Sec, Treas**  
Signature, typed or printed name of registered agent and title if applicable.  
**Arthur C. Wade**  
(NOTE: Registered Agent signature required when reinstating)  
**4-26-00**  
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

1. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	Pres, Sec, Treasurer	<input type="checkbox"/> Delete		TITLE	Pres, Sec, Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Arthur C. WADE</b>			NAME	<b>Arthur C. WADE</b>		
STREET ADDRESS	<b>2923 NW 45 AVE</b>			STREET ADDRESS	<b>2923 NW 45 AVE</b>		<b>1st Filing</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>			CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>		
TITLE	<del>Officer</del>	<input type="checkbox"/> Delete		TITLE	<b>V. Pres</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>Debra D. WADE</del>			NAME	<b>Debra D. Wade</b>		<b>1st Filing</b>
STREET ADDRESS	<del>2923 NW 45 AVE</del>			STREET ADDRESS	<b>2923 NW 45 AVE</b>		
CITY-ST-ZIP	<del>GAINESVILLE, FL 32605</del>			CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>		
TITLE	<b>V. Pres</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Debra D. WADE</b>			NAME			
STREET ADDRESS	<b>2923 NW 45 AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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: **Arthur C Wade**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**4/26/00** **352-395-7623**  
Date Daytime Phone #

CR2E034 (9/99)