

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90658 007 ***150.00

0062947 AV

DOCUMENT # P99000102842

1. Entity Name
A.C. WADE, INC.

Principal Place of Business

Mailing Address

~~8113 SW 10 PLACE
A-2
GAINESVILLE FL 32607~~

**2923 NW 45 AVENUE
GAINESVILLE FL 32605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3401 SW 40 Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

260 B

City & State

City & State

Gainesville, FL 8

Zip

Country

Zip

Country

32608

Alachua

4. FEI Number **59-3612024**

Applied For

Not Applicable

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

**WADE, ARTHUR C
2923 NW 45 AVE.
GAINESVILLE FL 32605**

Name

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

City

FL

Zip Code

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 **Arthur C. Wade Sr.** **Arthur C. Wade Sr.** **2-12-02**
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, 2002 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 P	President	<input type="checkbox"/> Delete
NAME	WADE, ARTHUR C, Sr.	
STREET ADDRESS	2923 NW 45 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE ST	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	WADE, DEBRA D	
STREET ADDRESS	2923 NW 45 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE VP	Wade, Arthur C, Jr.	<input checked="" type="checkbox"/> Delete
NAME	2034 SW 76th Terrace	
STREET ADDRESS	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 Sr.** **Arthur C. Wade Sr.** **2-12-02** **352-222-9112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)