

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90107 040 \*\*\*150.00

**DOCUMENT # P99000103124**



**1. Entity Name**  
**WAYNE DEVELOPMENT CORPORATION**

**Principal Place of Business**  
**1729 E COMMERCIAL BLVD PMB 257**  
**FT LAUDERDALE FL 33334**

**Mailing Address**  
**1729 E COMMERCIAL BLVD PMB 257**  
**FT LAUDERDALE FL 33334**

**2. Principal Place of Business**  
**5079 N. DIXIE HWY**

**3. Mailing Address**  
**5079 N. DIXIE HWY.**

**Suite, Apt. #, etc.**  
**178**

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**178**

**City & State**  
**FT. LAUD. FL**

**City & State**  
**FT. LAUD. FL**

**4. FEI Number** **59-3343314**

**Applied For**  
**Not Applicable**

**Zip** **33334** **Country** **USA**

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**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**

**BARNHART, PHILLIP WAYNE**  
**4310 NE 16 TERR**  
**FORT LAUDERDALE FL 33334**

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

**SIGNATURE** **AS President**

**1/10/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Delete**  
**NAME** **BARNHART, PHILLIP W**  
**STREET ADDRESS** **4310 NE 16 TERR**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33334**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/10/03**

Date

**(954) 394-5418**

Daytime Phone #

CR2E034 (10/02)