

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40514

1. Entity Name  
WAYDOWN, INC.

FILED  
Aug 24, 2000 8:00 am  
Secretary of State

08-24-2000 90034 044 \*\*\*550.00

Principal Place of Business

3720 NW 43RD ST  
SUITE #100  
GAINESVILLE FL 32606

Mailing Address

10925 NORTHWEST 12TH PLACE  
GAINESVILLE FL 32606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3720 NW 43<sup>rd</sup> St

Suite, Apt. #, etc.

Suite # 100

City & State

Gainesville FL

Zip

32606

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3069838

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

Name

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

City

FL

Zip Code

DUGGER, EDWARD L  
3720 5720 NW 43RD ST  
SUITE #100  
GAINESVILLE FL 32606

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

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
DUGGER, EDWARD L  
5720 NW 43RD ST., SUITE 100  
GAINESVILLE FL 32606

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3720 NW 43<sup>rd</sup> St., Suite 100  
Gainesville FL 32606

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALEXANDER, TOM  
701 FISK STREET #100  
JACKSONVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 liquidator 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Prei. 8-18-00