

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

4/3

04-30-2003 90107 028 ***150.00

DOCUMENT # S79692

1. Entity Name
WADI, INC.



Principal Place of Business
**3278 HIBISCUS DR.
SPRING HILL FL 34807
US**

Mailing Address
**P.O. BOX 3043
SPRING HILL FL 34611
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3116887**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GAYNOR, RICHARD
3278 HIBISCUS DRIVE
SPRING HILL FL 34607**

Name **Richard Huff**
Street Address (P.O. Box Number is Not Acceptable)

**1365 COMMERCIAL STREET
City COLEMAN, FL 33521**

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 **R. L. Huff**
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GAYNOR, RICHARD E.	
STREET ADDRESS	3278 HIBISCUS DR	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAYNOR, MICHAEL A.	
STREET ADDRESS	P.O BOX 145	
CITY-ST-ZIP	KELARNEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUESSLER, S. KEITH	
STREET ADDRESS	12729 BUTLER BAY COURT	
CITY-ST-ZIP	WINDERMERE FL 34788	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL A. GAYNOR	
STREET ADDRESS	P.O. BOX 3043, SPRING HILL, FL 34611	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD HUFF	
STREET ADDRESS	P.O. BOX 734, COLEMAN, FL 33521	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

4/27/03

Date

352-596-8407

Daytime Phone #

CR2E034 (10/02)