

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90031 023 \*\*\*158.75

**DOCUMENT # 592994**  
 1. Entity Name  
**WALDEN LAKE REALTY, INC.**

Principal Place of Business 1701 S.ALEXANDER STREET 2 SUITE 104 PLANT CITY FL 33567	Mailing Address 1701 S.ALEXANDER STREET 2 SUITE 104 PLANT CITY FL 33567
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1960924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CONOVER, MARY SMITH 416 ROYAL PALM WAY TAMPA FL 33609</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONOVER, MARY S</b> <b>416 ROYAL PALM WAY</b> <b>TAMPA FL 33609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C,S</b> <b>Conover, Mary S.</b> <b>416 Royal Palm Way</b> <b>Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>FRANCIS</b> <b>Frank J. Sweeney</b> <b>1025 Fairwinds Circle Apt 101</b> <b>Plant City, FL 33567</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Mary S. Conover*, Chairman 1-18-01 813-752-2087  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)