

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 228282

1. Entry Name

WALDEN-SPARKMAN INC

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90038 019 \*\*\*150.00

Principal Place of Business

3120 SOUTH DOVER ROAD  
PO BOX 10  
DOVER FL 33527-7010

Mailing Address

3120 SOUTH DOVER ROAD  
PO BOX 10  
DOVER FL 33257-0010  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33527-0010

6. Name and Address of Current Registered Agent

ENGLISH, RODNEY L.  
14029 GAVIN RD  
DOVER FL 33527

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-stating)

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, 2001 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

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | VD                       | <input type="checkbox"/> Delete |
| NAME            | LOMBARDI, THEODORE       |                                 |
| STREET ADDRESS  | 5106 ROLLING FAIRWAY DR. |                                 |
| CITY - ST - ZIP | VALRICO FL               |                                 |
| TITLE           | CD                       | <input type="checkbox"/> Delete |
| NAME            | ENGLISH, LEROY           |                                 |
| STREET ADDRESS  | 16706 GAVIN RD.          |                                 |
| CITY - ST - ZIP | DOVER FL                 |                                 |
| TITLE           | TD                       | <input type="checkbox"/> Delete |
| NAME            | HUTTO, PATRICIA J        |                                 |
| STREET ADDRESS  | 4109 TANNER RD.          |                                 |
| CITY - ST - ZIP | DOVER FL                 |                                 |
| TITLE           | PD                       | <input type="checkbox"/> Delete |
| NAME            | ENGLISH, RODNEY L        |                                 |
| STREET ADDRESS  | GAVIN ROAD               |                                 |
| CITY - ST - ZIP | DOVER FL                 |                                 |
| TITLE           | S                        | <input type="checkbox"/> Delete |
| NAME            | HUTTO, PATRICIA J.       |                                 |
| STREET ADDRESS  | 4109 TANNER RD.          |                                 |
| CITY - ST - ZIP | DOVER FL                 |                                 |
| TITLE           | VD                       | <input type="checkbox"/> Delete |
| NAME            | LOMBARDI, RENATO X       |                                 |
| STREET ADDRESS  | 2240 NE 41ST ST.         |                                 |
| CITY - ST - ZIP | LIGHTHOUSE PT FL         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |   |
|-----------------|---|
| 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 |   |
| 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 |   |

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:

*Patricia J. Hutto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone No.

4-27-01 813 659-1704

CR2E034 (10/00)