

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 580404

1. Entity Name

THOMPSON-WALDEN INSURANCE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90082 043 ***150.00

Principal Place of Business

Mailing Address

4761 N 9TH AVE
PENSACOLA FL 32503

4761 N 9TH AVE
PENSACOLA FL 32503-2445

2. Principal Place of Business

3. Mailing Address

964 BROKEN ARROW LN.
Suite, Apt. #, etc.

964 BROKEN ARROW LN.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CANTONMENT, FLORIDA

City & State

CANTONMENT FLORIDA

4. FEI Number

59-1841467

Applied For

Not Applicable

Zip

32533

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

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

WALDEN, WAYNE
4761 N 9TH AVE
PENSACOLA FL 32503

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

(NOTE: Registered Agent signature required when reinstating)

4/16/00
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS (CHANGES) TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WALDEN, J WAYNE
STREET ADDRESS 701 ROCK HILL CT.
CITY-ST-ZIP CANTONMENT FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME WALDEN, J WAYNE
STREET ADDRESS 964 BROKEN ARROW LN
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE SD
NAME WALDEN, SALLY
STREET ADDRESS 701 ROCK HILL CT.
CITY-ST-ZIP CANTONMENT FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME WALDEN, SALLY
STREET ADDRESS 964 BROKEN ARROW LN
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: Wayne Walden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00
Date

(850) 478-0309
Daytime Phone #

CR2E034 (9/99)