

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90083 040 \*\*\*150.00

**DOCUMENT # F79863**

1. Entity Name

**WALDORF SANITARY SUPPLIES, INC.**

Principal Place of Business

Mailing Address

5054 HIATUS ROAD  
 SUNRISE FL 33351

5054 HIATUS ROAD  
 SUNRISE FL 33351-8017

041411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMARAC FL 33321

4. FEI Number

59-2203724

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

WALDORF, STEVEN  
 5054 HIATUS RD.  
 SUNRISE FL 33351

Name

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

8618 NW 83 STREET

City

TAMARAC

FL

Zip Code

33321

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.

**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 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DVP  Delete  
 NAME: WALDORF, STEVEN  
 STREET ADDRESS: 5054 HIATUS RD  
 CITY-ST-ZIP: SUNRISE FL

TITLE:  Change  Addition  
 NAME: 8618 NW 83 STREET  
 STREET ADDRESS: TAMARAC FL 33321  
 CITY-ST-ZIP: TAMARAC FL 33321

TITLE: DP  Delete  
 NAME: WALDORF, ESTELLE  
 STREET ADDRESS: 5054 HIATUS RD  
 CITY-ST-ZIP: SUNRISE FL

TITLE:  Change  Addition  
 NAME: 8618 NW 83 STREET  
 STREET ADDRESS: TAMARAC FL 33321  
 CITY-ST-ZIP: TAMARAC FL 33321

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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 STREET ADDRESS:  
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TITLE:  Delete  
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TITLE:  Change  Addition  
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 STREET ADDRESS:  
 CITY-ST-ZIP:

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: Steven Waldorf  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00  
 Date

Daytime Phone #

CR2E034 (9/99)