

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #G23752 (0)

1. Entity Name

Waldo's Drywall, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

P.O. Box 682

3. Mailing Address

Bldg. 7 Vista Gardens Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#207

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-2259933

Applied For

Not Applicable

Zip

32962

Country

United States

Zip

32962

Country

United States

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

Judy F. Waldo

Bldg. #7 - Vista Garden Trails

Unit #207

Vero Beach, FL 32962

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 reinstating)

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	Waldo, Robert D.	
STREET ADDRESS	Bldg. #7, Vista Garden Trails	
CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	V/S	☐ Delete
NAME	Waldo, Judy F.	
STREET ADDRESS	Bldg. #7, Vista Garden Trails	
CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	T	☐ Delete
NAME	James T. Goff	
STREET ADDRESS	1940 10th Ave.	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	200003321612--6	
CITY-ST-ZIP	-07/13/00--01007--010	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	*****150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	200003321612--6	
CITY-ST-ZIP	-07/13/00--01007--011	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	*****8.75	
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:

Terry Goff

TERRY GOFF

4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 JUN 23 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E04 (9/99)