

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91145 038 ***158.75

DOCUMENT # G23752

1. Entity Name
WALDO'S DRYWALL, INC.



Principal Place of Business
**PO BOX 682
VERO BEACH FL 32961
US**

Mailing Address
**607 LIGHTHOUSE CT
SENECA SC 29672**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2259933**

Applied For

Not Applicable

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

**WALDO, JUDY F
BLDG 7 VISTA GARDENS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	WALDO, ROBERT D						
	BLDG. #7 VISTA GARDEN TRAILS, UNIT 207						
	VERO BEACH FL 32962						
	VS	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	WALDO, JUDY F						
	BLDG. #7 VISTA GARDEN TRAILS, UNIT 207						
	VERO BEACH FL 32962						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **WALDO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03 (864) 886-9959
Date Daytime Phone #

CR2E034 (10/02)