

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46557

1. Entity Name

WALDENT ENTERPRISES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90014 022 ***150.00

Principal Place of Business

Mailing Address

% WALLACE B. BROWN
2001 MERCY DR., STE. 202
ORLANDO FL 32808

% WALLACE B. BROWN
2001 MERCY DR., STE. 202
ORLANDO FL 32808-5619

2. Principal Place of Business

1555 HOWELL BRANCH RD

3. Mailing Address

1555 HOWELL BRANCH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-4

A-4

City & State

WINTER PARK, FLORIDA

City & State

WINTER PARK, FLORIDA

Zip

Country

32789

USA

Zip

Country

32789

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2744174

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

BROWN, WALLACE B.
2001 MERCY DR.
SUITE 202
ORLANDO FL 32808

Name

WALLACE B. BROWN, JR.

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

1555 HOWELL BRANCH RD.

A-4

City

WINTER PARK

FL

Zip Code

32789

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

Wallace B. Brown, Jr.

WALLACE B. BROWN, JR. PRESIDENT

2-7-00

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	DPS	☐ Delete
NAME	BROWN, WALLACE B.	
STREET ADDRESS	1311 QUEEN ELAINE DR	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	TV	☐ Delete
NAME	BROWN, MAXLA U.	
STREET ADDRESS	1131 QUEEN ELAINE DRIVE	
CITY-ST-ZIP	CASSELBERRY FL	
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		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: *Wallace B. Brown, Jr.* WALLACE B. BROWN, JR. PRES. 2-7-00 (407) 624-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)