

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90091 008 \*\*\*550.00

**DOCUMENT # K36371**

1. Entity Name  
**WALDEN TIMBER HARVESTING, INC.**

Principal Place of Business

**HIGHWAY 275 NORTH  
 POST OFFICE BOX 320  
 CLARKSVILLE FL 32430  
 US**

Mailing Address

**HIGHWAY 275 NORTH  
 POST OFFICE BOX 320  
 CLARKSVILLE FL 32430  
 US**



2. Principal Place of Business

**Hwy 275 N  
 Suite, Apt. #, etc.  
 13851 NW Sand Cut Trail**

3. Mailing Address

**13851 NW Sand Cut Trail  
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**Altha FL**

City & State

**Altha FL**

4. FEI Number

**59-2929594**

Applied For

Not Applicable

Zip

**32421**

Country

**Colhoun**

Zip

**32421**

Country

**Colhoun**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WALDEN TROY & GARNET P.  
 HIGHWAY 275  
 POST OFFICE BOX 320  
 CLARKSVILLE FL**

7. Name and Address of New Registered Agent

Name **NO CHANGE**

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

*Garnet Walden*  
 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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

TITLE **D** ☐ Delete  
 NAME **WALDEN, TROY**  
 STREET ADDRESS **MAGNOLIA CHURCH RD**  
 CITY-ST-ZIP **CLARKSVILLE FL**

TITLE **D** ☐ Delete  
 NAME **WALDEN, GARNET**  
 STREET ADDRESS **MAGNOLIA CHURCH RD**  
 CITY-ST-ZIP **CLARKSVILLE 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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Garnet Walden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/1/02**  
 Date

**850/674-4884**  
 Daytime Phone #

CR2E034 (4/02)