

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90112 025 ***150.00

0317102 AV

DOCUMENT # M17958

1. Entity Name

MAITLAND WALDON ROOFING, INC.

Principal Place of Business

**800 N.W. 30TH STREET
 WILTON MANORS FL 33311-2459**

Mailing Address

**800 N.W. 30TH STREET
 WILTON MANORS FL 33311-2459**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2573074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HOWARD, PHYLLIS
 852 N.E. 20TH AVENUE
 FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

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 requirements and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **WALDON, DAVID HAROLD**
 STREET ADDRESS **3879 N.W. 36 ST.**
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **ST** ☐ Delete
 NAME **WALDON, SALLY**
 STREET ADDRESS **800 N.W. 30 ST.**
 CITY-ST-ZIP **WILTON MANORS FL**

TITLE **V** ☐ Delete
 NAME **BROWN, SAMMIE**
 STREET ADDRESS **1408 NW 35 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **V** ☐ Delete
 NAME **GUILBAUD, PHILIPPE**
 STREET ADDRESS **1611 NW 54TH TERR**
 CITY-ST-ZIP **LAUDERHILL FL**

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

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 NAME
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 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:

Sally Waldon Sec. 1 Pres.

4-7-02

Date

Daytime Phone #

954-561-3443

CR2E034 (9/01)