


FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91832 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000020290					
1. Entity Name WALDAN MAINTENANCE CARE INC.					
Principal Place of Business 1324 SEVEN SPRINGS BLVD #322 NEW PORT RICHEY, FL 34655			Mailing Address 1324 SEVEN SPRINGS BLVD #322 NEW PORT RICHEY, FL 34655		
2. Principal Place of Business 708 E TARPON AVE #23 Suite, Apt. #, etc.			3. Mailing Address 4378 PARK BLVD Suite, Apt. #, etc.		
City & State TARPON SPRINGS FL		City & State PINELLAS PARK FL		4. FEI Number 59-3624476	
Zip 34689		Country		Applied For Not Applicable	
Zip 34689		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SENDRA, DANUTA 1324 SEVEN SPRINGS BLVD #322, FL 34655			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> 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. <input type="checkbox"/> \$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	P BUDNIAK, WALDEMAR 1710 SUNKISSED DR. TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>N. Baer</i> 04/24/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>					

CR2E034 (10/02)