

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023557

1. Entity Name

WALDEN FINANCIAL NETWORK, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90138 006 ***150.00

Principal Place of Business

5946 MAIN ST.
NEW PORT RICHEY FL 34652

Mailing Address

5946 MAIN ST.
NEW PORT RICHEY FL 34652

2. Principal Place of Business

7516 Ridge Rd

Suite, Apt. #, etc.

3. Mailing Address

7516 Ridge Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey, FL.

City & State

Port Richey, FL.

4. FEI Number

59-3630661

Applied For

Not Applicable

Zip
34668

Country
USA

Zip
34668

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDEN, SHELITA
5946 MAIN ST.
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

7516 Ridge Rd.

City

Port Richey

FL

Zip Code

34668

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

President
Shelita Walden
7516 Ridge Rd.
Port Richey, FL 34668

☐ Change

☒ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

VPS
John T. White
8007 Island Dr.
Port Richey, FL 34668

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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:

Shelita Walden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

727-848-2722

Date

Daytime Phone #

CR2E034 (10/00)