

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026682

1. Entity Name

WALDOCH & ASSOCIATES, P.A.

Principal Place of Business

2039 CENTRE POINTE BLVD  
TALLAHASSEE FL 32308

Mailing Address

2039 CENTRE POINTE BLVD  
TALLAHASSEE FL 32308

2. Principal Place of Business

1024 E. Park Ave  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32317

Country

USA

Zip

Country

4. FEI Number

59-3695003

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDOCH, LAUCHLIN T  
2039 CENTRE POINTE BLVD  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name  
Lauchlin T. Waldoch  
Street Address (P.O. Box Number is Not Acceptable)  
1024 E. Park Ave.

City Tallahassee

FL

Zip Code 32301

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

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  
First Fund Contribution

\$5.00 May Be  
Added to Fees

02/18/03--01053--015 \*\*150.00

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL REQUIRED

12/30/02 20/355

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 JAN 31 PM 2:31



REINSTATEMENT 0203

0005256 AV

CR2E034 (4/02):46