

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90601 023 ***150.00

0649273 SP

DOCUMENT # P01000029097

1. Entity Name

WALDEN LAKE REALTY, INC.

Principal Place of Business

Mailing Address

~~507 WEST MARTIN LUTHER KING JR. BLVD.~~

~~507 WEST MARTIN LUTHER KING JR. BLVD.~~

~~PLANT CITY FL 33566~~

~~PLANT CITY FL 33566~~

~~1701 S. ALEXANDER ST. STE. 104~~

~~PLANT CITY, FL 33566~~

2. Principal Place of Business

1701 S. ALEXANDER ST.

3. Mailing Address

1701 S. ALEXANDER ST.

Suite, Apt. #, etc.

STE 104

Suite, Apt. #, etc.

STE 104

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

Zip

33567

Country

US

Zip

33567

Country

US

4. FEI Number

59-371-1022

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

SPERRY, BRUCE J

1003 SOUTH ALEXANDER STREET

SUITE 1

PLANT CITY FL 33566

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 requirement 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 NAME | D. PRESIDENT <input type="checkbox"/> Delete |
| STREET ADDRESS | MCGRATH, LOUIS W |
| CITY-ST-ZIP | 507 WEST MARTIN LUTHER KING JR. BLVD. PLANT CITY FL 33566 |
| TITLE NAME | SECRETARY <input type="checkbox"/> Delete |
| STREET ADDRESS | LOUIS RYAN MCGRATH |
| CITY-ST-ZIP | 804 N COLLINS ST PLANT CITY FL 33566 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

LOUIS R MCGRATH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 813 752 2087

Date

Daytime Phone #

CR2E034 (9/01)