

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90161 049 \*\*\*150.00

**DOCUMENT # P02000000518**

**1. Entity Name**  
**WALDRON BROTHERS PAINTING, INC.**

**Principal Place of Business**  
**9085 S.E. 164TH CT**  
**SUMMERFIELD FL 34479**

**Mailing Address**  
**9085 S.E. 164TH CT**  
**SUMMERFIELD FL 34479**



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

01-060-9391

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**

**WALDRON, TIM**  
**8095 S.E. 164CT CT**  
**SUMMERFIELD FL 34491**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **WALDRON, TIM**  
**STREET ADDRESS** **8095 S.E. 164TH CT**  
**CITY-ST-ZIP** **SUMMERFIELD FL 34479**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **WALDRON, PAUL**  
**STREET ADDRESS** **1282 S.E. 106TH CT**  
**CITY-ST-ZIP** **BELLVIEW FL 34420**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **ST** ☐ Delete  
**NAME** **WALDRON, LARRY**  
**STREET ADDRESS** **PO BOX 83017**  
**CITY-ST-ZIP** **OCALA FL 34483**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **P.O. Box 83017**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**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 of 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:**

*Larry Waldron*  
**LARRY WALDRON**

Date

Daytime Phone #

2-28-02

CR2E034 (9/01)