

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90090 005 ***150.00

DOCUMENT # P20763

1. Entity Name
WALDROP, GARY D., INC.



Principal Place of Business
**15280 FIDDLESTICKS ROAD
FT. MYERS FL 33912**

Mailing Address
**15280 FIDDLESTICKS ROAD
FT. MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **93-0646480**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALDROP, GREG WALTER
15280 FIDDLESTICKS BLVD.
FT. MYERS FL 33912**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALDROP, GARY D.	
STREET ADDRESS	15280 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALDROP, GREG WALTER	
STREET ADDRESS	11800 PINWOOD LAKES DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALDROP, NANCY J.	
STREET ADDRESS	15280 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice Pres. + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL R. MOORE	
STREET ADDRESS	15280 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	Vice Pres. + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY P. MIKKELSEN	
STREET ADDRESS	15280 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Nancy J. Waldrop* **Corp. Sec. - Treas.** **1-7-03** **239-768-3553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)