# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 14, 2002 8:00 am**
**Secretary of State**
03-14-2002 90308 004 ***150.00

DOCUMENT # P94000043161

1. Entity Name
LYNNE WALDER, P.A.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 777 S. HARBOUR ISL. BLVD. | SAME |
| Suite, Apt. #, etc.: STE #128 | Suite, Apt. #, etc. |
| City & State: TAMPA, FL | City & State |
| Zip: 33602 Country: U.S.A. | Zip Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3248676 ☐ Applied For ☐ Not Applicable

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

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**7. Name and Address of Current Registered Agent**

Name: LYNNE WALDER, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 777 S. HARBOUR ISL. BLVD. #128

City: TAMPA **FL** Zip Code: 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | PRES., DIRECTOR |
| NAME | LYNNE WALDER |
| STREET ADDRESS | 777 S. HARBOUR ISL. BLVD. #128 |
| CITY-ST-ZIP | TAMPA FL 33602 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lynne Walder 2/21/02 813-221-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #