

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91526 031 \*\*\*150.00

**DOCUMENT #** P94000078687

**1. Entity Name**

WAULEE CORPORATION

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

21301 Powerline Road

Suite, Apt. #, etc.

Suite 312

City & State

Boca Raton, FL

Zip

33433

Country

**3. Mailing Address**

5410 Homberg Drive

Suite, Apt. #, etc.

Suite A

City & State

Knoxville, TN

Zip

37919

Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-0549717

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

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

Name

Clifford L. Walters

Street Address (P.O. Box Number is Not Acceptable)

802 11th Street West

City

Bradenton

**FL**

Zip Code

34205

**DO NOT WRITE  
IN THIS SPACE**

**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) ☐

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DPT

Kayden, Bernard H.

550 Mamaroneck Avenue #404

Harrison, NY 10528

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DV

Kayden, Mildred

550 Mamaroneck Avenue #404

Harrison, NY 10528

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DS

Lambert, Sanda K.

550 Mamaroneck Avenue #404

Harrison, NY 10528

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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IN THIS SPACE**

**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 life empowered.**

**SIGNATURE:**  Bernard H. Kayden, President

3/13/02

865-584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)