

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

0069442 AV

DOCUMENT # P95000001269

1. Entity Name
WALANDO, INC.



04-11-2003 90133 026 ***150.00

Principal Place of Business
**1804 SW 35 PLACE
GAINESVILLE FL 32608**

Mailing Address
**1804 SW 35 PLACE
GAINESVILLE FL 32608**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3302364

Applied For
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORLANDO, ANNE M
1804 SW 35 PLACE
GAINESVILLE FL 32608**

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 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE NAME
P WALES, PAUL
STREET ADDRESS
1804 SW 35 PLACE
CITY-ST-ZIP
GAINESVILLE FL 32608

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
S ORLANDO, ANNE
STREET ADDRESS
1804 SW 35 PLACE
CITY-ST-ZIP
GAINESVILLE FL 32608

TITLE NAME
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CITY-ST-ZIP

TITLE 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: Anne Orlando **ANNE ORLANDO** **REQUIRED** Anne Orlando **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/9/03 Daytime Phone #: 352-376-7646

CR2E034 (10/02)