

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

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

05-01-2002 91514 003 ***150.00

DOCUMENT # **P96000035689**

1. Entity Name

Tidalwave Holdings, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9880 GRAND VERDEWAY #111

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1601

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33428

4. FEI Number

65-0693777

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **J. R. Stirling**

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

601 CLEVELAND STREET SUITE 370

City **Clearwater**

FL

Zip Code

33755

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)

4/15/02
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 **DIRECTOR**
NAME **L. Edward Balke**
STREET ADDRESS **1437 Willow Brook Dr.**
CITY-ST-ZIP **Palm Harbor FL 34683**

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CITY-ST-ZIP

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**DO NOT WRITE
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 like empowered.

SIGNATURE:

L. Edward Balke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

Daytime Phone #

CR2034B (12/01)