

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000098216**1. Entity Name  
WALDEN & NORCIO, CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Principal Place of Business 11849 SUNCHASE COURT  BOCA RATON FL 33498 US	Mailing Address 11849 SUNCHASE COURT  BOCA RATON FL 33498 US
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2. Principal Place of Business 1489 W. PALMETTO PARK ROAD	3. Mailing Address 1489 W. PALMETTO PARK ROAD
Suite, Apt. #, etc. UNION PLANTERS BANK CENTRE, SUITE 400	Suite, Apt. #, etc. UNION PLANTERS BANK CENTRE, SUITE 400

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33486	Country US

4. FEI Number  
**65-0877304**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WALDEN LINDA J  
11849 SUNCHASE CT  
  
BOCA RATON FL 33498 US**7. Name and Address of New Registered Agent**Name  
WALDEN LINDA J  
Street Address (P.O. Box Number is Not Acceptable)  
1489 W. PALMETTO PARK ROAD  
UNION PLANTERS BANK CENTRE, SUITE 400  
City  
BOCA RATON FL Zip Code  
33486

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 \_\_\_\_\_ **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDEN LINDA J 11849 SUNCHASE COURT BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORCIO RALPH J 1489 W. PALMETTO PARK ROAD BOCA RATON FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDEN LINDA J 1489 W. PALMETTO PARK ROAD BOCA RATON FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Linda J. Walden D **04/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)