

2/4/0

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

DOCUMENT # **P98000098216** *NIC Am*

1. Entity Name

WALDEN, LINDA J, CERTIFIED PUBLIC ACCOUNTANT, P. A.

02-04-2002 90031 044 ****61.25

03-11-2002 90073 010 ****88.75

NOTE: NAME CHANGE SEE ATTACHED

Principal Place of Business

1489 W. PALMETTO PARK ROAD
UNION PLANTERS BANK CENTRE, SUITE 400
BOCA RATON FL 33486
US

Mailing Address

1489 W. PALMETTO PARK ROAD
UNION PLANTERS BANK CENTRE, SUITE 400
BOCA RATON FL 33486
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0877304

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDEN, LINDA J

1489 W. PALMETTO PARK ROAD
UNION PLANTERS BANK CENTRE, SUITE 400
BOCA RATON FL 33486

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.

SIGNATURE

Linda J. Walden, as Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WALDEN, LINDA J**
 STREET ADDRESS **1489 W. PALMETTO PARK ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☒ Delete
 NAME **NORCIO, RALPH J**
 STREET ADDRESS **1489 W. PALMETTO PARK ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 561-395-0323

Date Daytime Phone #

CR2E034 (9/01)



Attachment
P98000098216

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

420391

February 5, 2002

WALDEN, CERTIFIED PUBLIC ACCOUNTANTS, P.A.
1489 W. PALMETTO PARK ROAD
UNION PLANTERS BANK CENTRE, SUITE 400
BOCA RATON, FL 33486 US

Subject: WALDEN & NORCIO, CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Reference Number: P98000098216

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

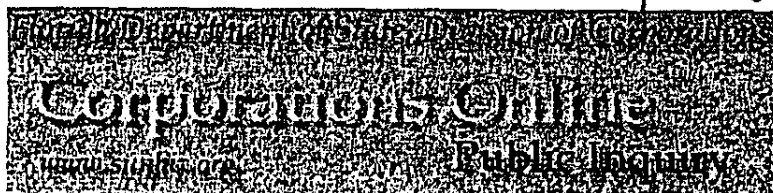
There is a balance due of \$88.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tm

ANNUAL REPORTS SECTION



Florida Profit

WALDEN CERTIFIED PUBLIC ACCOUNTANT, P.A.

PRINCIPAL ADDRESS

1489 W. PALMETTO PARK ROAD
UNION PLANTERS BANK CENTRE, SUITE 400
BOCA RATON FL 33486 US
Changed 04/24/2001

MAILING ADDRESS

1489 W. PALMETTO PARK ROAD
UNION PLANTERS BANK CENTRE, SUITE 400
BOCA RATON FL 33486 US
Changed 04/24/2001

Document Number
P98000098216

FEI Number
650877304

Date Filed
11/18/1998

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
NAME CHANGE
AMENDMENT

Event Date Filed
01/09/2002

Event Effective
Date
NONE

Registered Agent