

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90077 038 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000069394
 1. Entity Name
WALDER ENTERPRISES, INC.

Principal Place of Business Mailing Address
5301 CONROY RD.,STE.140 **5301 CONROY RD.,STE.140**
ORLANDO FL 32811 **ORLANDO FL 32811-3551**

2. Principal Place of Business 3. Mailing Address
709 CAPE CORAL PKWY. W **709 CAPE CORAL PKWY. W.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CAPE CORAL **CAPE CORAL**

Zip Country Zip Country
33914 **33914** **33914** **33914**

4. FEI Number Applied For
59-3591874 Not Applicable

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

6. Name and Address of Current Registered Agent
LANE, PAUL CAMP
5301 CONROY RD.,STE.140
ORLANDO FL 32811

7. Name and Address of New Registered Agent
 Name: **MONIKA E. FARMER**
 Street Address (P.O. Box Number is Not Acceptable)
709 CAPE CORAL PKWY. WEST
 City: **CAPE CORAL** FL Zip Code: **33914**

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 *Monika E. Farmer* **MONIKA E. FARMER** DATE **4/10/00**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D <input checked="" type="checkbox"/> Delete
NAME	LANE, PAUL CAMP
STREET ADDRESS	5301 CONROY RD.,STE.140
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	D, P. S. T. <input type="checkbox"/> Delete
NAME	RUTH SCHADEK
STREET ADDRESS	709 CAPE CORAL PKWY. WEST
CITY-ST-ZIP	CAPE CORAL, FL. 33914
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ruth Schadek* **RUTH SCHADEK** Date **4-17-00** Daytime Phone # **941-541-9013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)