

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069394

1. Entity Name

WALDER ENTERPRISES, INC.

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

04-25-2000 90077 038 ***150.00

Principal Place of Business

5301 CONROY RD.,STE.140
ORLANDO FL 32811

Mailing Address

5301 CONROY RD.,STE.140
ORLANDO FL 32811-3551

2. Principal Place of Business

709 CAPE CORAL PKWY. W.
Suite, Apt. #, etc.

3. Mailing Address

709 CAPE CORAL PKWY. W.
Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

CAPE CORAL

4. FEI Number

59-3591874

Applied For

Not Applicable

Zip

Country

33914

Zip

Country

33914

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

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 ☒ Delete
NAME LANE, PAUL CAMP
STREET ADDRESS 5301 CONROY RD.,STE.140
CITY-ST-ZIP ORLANDO FL 32811

TITLE D, P. S. T. ☐ Delete
NAME RUTH SCHADEK
STREET ADDRESS 709 CAPE CORAL PKWY. WEST
CITY-ST-ZIP CAPE CORAL, FL. 33914

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

Daytime Phone #

941-541-9013
407-316-0343

CR2E034 (9/99)