

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092435

1. Entity Name
WALDO ROAD, INC.

Principal Place of Business
**WALDO ROAD, INC.
PO BOX 140845
GAINESVILLE FL 32614**

Mailing Address
**WALDO ROAD, INC.
PO BOX 140845
GAINESVILLE FL 32614**

2. Principal Place of Business
52 North Main Street
Suite, Apt. #, etc.
UNIT 5
City & State
Florida

3. Mailing Address
P.O. Box 140845
Suite, Apt. #, etc.
GAINESVILLE
City & State
Florida

Zip
32601 Country
FLORIDA

Zip
32614 Country
FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HOPE, A. BICE ESQ.
408 W. UNIVERSITY AVE., STE. #408
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent
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 *[Signature]* DATE **7-20-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	P PINS, DON PO BOX 140845 GAINESVILLE FL 32614 <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
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	<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
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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)(f), 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: *[Signature]* DATE **7-20-01** DAYTIME PHONE # **319-0172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED
04/13/2001 10:07 AM ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 MAY 25 AM 11:08

0477053

CR2E034 (10/00)

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

EIN
 OMB No. 1545-0003
 Expires 7-31-91

1 Name of applicant (True legal name) (See instructions.)
 Waldo Road, Inc.

2 Trade name of business, if different from name in line 1
 3 Executor, trustee, "care of name"

4a Mailing address (street address) (room, apt., or suite no.)
 P.O. Box 140845
 5a Address of business. (See instructions.)
 28 North Main Street

4b City, state, and ZIP code
 Gainesville, FL 32614
 5b City, state, and ZIP code
 Waldo, FL

6 County and state where principal business is located
 Alachua County, Florida

7 Name of principal officer, grantor, or general partner. (See instructions.) ▶
 Dan Prins, President

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal service corp.	<input checked="" type="checkbox"/> Other corporation (specify) <u>coin laundry</u>	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) _____ If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country State
 Florida

9 Reason for applying (Check only one box)

<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
 Oct. 18, 1999
 11 Enter closing month of accounting year. (See instructions.)
 December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Does the applicant operate more than one place of business?
 If "Yes," enter name of business. ▶ Yes No

15 Principal activity or service (See instructions.) ▶ ~~XXXXXXXXXXXX~~ coin laundry

16 Is the principal business activity manufacturing?
 If "Yes," principal product and raw material used ▶ Yes No

17 To whom are most of the products or services sold? Please check the appropriate box.
 Public (retail) Other (specify) ▶ Business (wholesale) N/A

18a Has the applicant ever applied for an identification number for this or any other business?
 Note: If "Yes," please complete lines 18b and 18c. Yes No

18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶	Trade name ▶
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18c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Name and title (Please type or print clearly.) ▶ Dan Prins, President Telephone number (include area code)
 (352) 335-4730

Signature ▶ *Dan Prins* Date ▶ 11/16/99

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo	Ind	Class	Size	Reason for applying
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