

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31459

1. Entity Name

WALDON FINANCIAL SERVICES AND SENIOR ALLIANCE GR

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90065 011 ***150.00

Principal Place of Business

Mailing Address

616 PATRICIA LANE
 JACKSONVILLE BEACH FL 32250
 US

616 PATRICIA LANE
 JACKSONVILLE BEACH FL 32250-4760
 US

2. Principal Place of Business

3. Mailing Address

616 PATRICIA LANE

616 PATRICIA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

DUVAL

Zip

32250

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3120880

Applied For

Not Applicable

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

WALDON, PETER J.
 616 PATRICIA LANE
 JACKSONVILLE BEACH FL 32250

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME WALDON, PETER J.
 STREET ADDRESS 616 PATRICIA LANE
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)