

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90300 003 ***150.00

DOCUMENT # P93000034275

1. Entity Name
FRANK WALTHER INC.

602298



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1346 MAXIMILIAN DRIVE **1346 MAXIMILIAN DRIVE**
WESLEY CHAPEL FL 33543 **WESLEY CHAPEL FL 33543-6567**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3182628** 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

WALTHER, FRANK
1346 MAXIMILIAN DRIVE
WESLEY CHAPEL FL 33543

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 *Frank N Walther* **FRANK N WALTHER** **PRESIDENT** **1/4/00**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WALTHER, FRANK N	
STREET ADDRESS	1346 MAXIMILIAN DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATHER, FRANK J	
STREET ADDRESS	16005 CHASTAIN RD.	
CITY-ST-ZIP	ODESSA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALTHER, CHRIS O	
STREET ADDRESS	TAMPA FL	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTHER, FRANK J	
STREET ADDRESS	9326 FAIRWAYS LAKES CT.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTHER CHRIS O	
STREET ADDRESS	17409 FLATWOOD KEY DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVICE L WALTHER	
STREET ADDRESS	1346 MAXIMILIAN DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
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: *Frank N Walther* **FRANK N. WALTHER** **PRESIDENT** **1/4/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813 907 5118

CR2E034 (9/99)