

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90044 048 ***150.00

DOCUMENT # P93000034275

1. Entity Name
FRANK WALTHER INC.

Principal Place of Business 1346 MAXIMILIAN DRIVE WESLEY CHAPEL FL 33543 US	Mailing Address 1346 MAXIMILIAN DRIVE WESLEY CHAPEL FL 33543 US
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670803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3182628		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and date 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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTHER, FRANK N			NAME			
STREET ADDRESS	1346 MAXIMILIAN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL 33543			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATHER, FRANK J			NAME			
STREET ADDRESS	16005 CHASTAIN RD.			STREET ADDRESS			
CITY-ST-ZIP	ODESSA FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTHER, FRANK J			NAME			
STREET ADDRESS	9326 FAIRWAYS LAKES CT			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTHER, CHRIS O			NAME			
STREET ADDRESS	17409 FLATWOOD KEY DR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTHER, DENICE L			NAME			
STREET ADDRESS	1346 MAXIMILIAN DR			STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEZ FL 33542			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  DATE: **1/3/01** DAYTIME PHONE: **813 907-5118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0515754

CR2E034 (10/00)