

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

0412460 AV

DOCUMENT # P93000034275

1. Entity Name
FRANK WALTHER INC.

02-01-2002 90048 043 ***150.00

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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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3182628	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ (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, 2002 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	WALTHER, FRANK J	
STREET ADDRESS	9326 FAIRWAYS LAKES CT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALTHER, CHRIS O	
STREET ADDRESS	17409 FLATWOOD KEY DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALTHER, DENICE L	
STREET ADDRESS	1346 MAXIMILIAN DR	
CITY-ST-ZIP	WESLEY CHAPEZ FL 33542	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **REQUIRED** 1/15/02 **813907518**
 _____ Date Daytime Phone #

CR2E034 (9/01)