

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90001 013 \*\*\*150.00

**DOCUMENT # P97000009181**

1. Entity Name

**LAW OFFICE OF JOHN R. WALSH II, P.A.**

Principal Place of Business

Mailing Address

**1100 5th Ave So #201  
 Naples, FL 34102**

**1100 5th Ave So #201  
 Naples, FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

**59-3423262**

Zip

Country

Zip

Country

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

**Walsh, John R  
 1100 5th Ave So #201  
 Naples, FL 34102**

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 renewing)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!!**  
 After MAY 1, 2001  
 Make Check Payable  
 to Department of State  
**FEES IS \$150.00**  
 Fee will be \$50.00

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  Delete  
**PVSTD**  
 NAME  
**Walsh, John R**  
 STREET ADDRESS  
**1100 5th Ave So #201**  
 CITY-ST-ZIP  
**Naples, FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  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 another like empowered.

SIGNATURE: \_\_\_\_\_

Signature, typed or printed name of officer or director

**John R. Walsh**

**941-649-8981**

CR2E034 (1/00)