

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90271 001 ***150.00

DOCUMENT # P98000020800

1. Entity Name

WALTER WILLIAMS PROPERTY MANAGEMENT, INC.

Principal Place of Business

**10450 SAN JOSE BLVD
 JACKSONVILLE FL 32257**

Mailing Address

**10450 SAN JOSE BLVD
 JACKSONVILLE FL 32257**

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

59-3501039

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRATT, DENNIS L
 10450 SAN JOSE BLVD
 SUITE 3
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

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, 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

TITLE NAME	D WILLIAMS, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	10450 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	VT IDTINGS, COLLEEN R	<input type="checkbox"/> Delete
STREET ADDRESS	1713 SEA FAIR DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE NAME	S POWERS, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	8063 RAYMOND ST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE NAME	V MATHEWS, PEGGY S	<input type="checkbox"/> Delete
STREET ADDRESS	1500 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 **904-394-2350**

Date

Daytime Phone #

CR2E034 (9/01)