

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 154877

1. Entity Name

FLORIDA WALLACE, INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90032 045 \*\*\*150.00

Principal Place of Business

Mailing Address

111 2ND AVENUE NE  
SUITE 701  
ST. PETERSBURG FL 33701

111 2ND AVENUE NE  
SUITE 701  
ST. PETERSBURG FL 33701-3441  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0623866

Applied For  
Not Applicable

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

WALLACE, JOHN P  
9721 EXECUTIVE CENTER DRIVE, 109  
ST PETERSBURG FL 33702

Name  
WALLACE, John P.  
Street Address (P.O. Box Number is Not Acceptable)  
288 Beach Drive N.E., 10-B  
City ST. Petersburg FL Zip Code 33701

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
WALLACE, JOHN P  
700 BEACH DRIVE NE PH-1  
ST PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WALLACE, John P.  
288 Beach Drive N.E., 10-B  
ST. Petersburg, FL 33701 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
WALLACE, WILLIAM P  
1333 MONTICELLO BLVD. N.  
ST PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DAS  
WALLACE, MARTHA R  
700 BEACH DRIVE NE PH-1  
ST PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WALLACE, Martha R.  
288 Beach Drive NE, 10-B  
ST. Petersburg, FL 33701 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
WALLACE, THOMAS R  
260 RAFAEL BLVD. NE  
ST PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

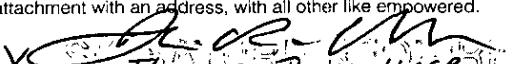
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LARSON, MARK A  
2540 7TH STREET N.  
ST PETERSBURG FL 33704 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 18, 2000 (727) 896-1610

Date

Daytime Phone #

CR2E034 (9/99)