

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 154877

1. Entity Name

FLORIDA WALLACE, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90013 016 ***150.00

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 111 2ND AVENUE NE SUITE 701 ST. PETERSBURG FL 33701 US | 111 2ND AVENUE NE SUITE 701 ST. PETERSBURG FL 33701 US |

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-0623866 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent |
| WALLACE, JOHN P 288 BEACH DRIVE NE 10-B SAINT PETERSBURG FL 33701 |

| | | |
|--|----|----------|
| 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) <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 |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | DC <input type="checkbox"/> Delete |
| NAME | WALLACE, JOHN P |
| STREET ADDRESS | 288 BEACH DRIVE NE 10-B |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33701 |
| TITLE | DS <input type="checkbox"/> Delete |
| NAME | WALLACE, WILLIAM P |
| STREET ADDRESS | 1333 MONTICELLO BLVD. N. |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | DAS <input type="checkbox"/> Delete |
| NAME | WALLACE, MARTHA R |
| STREET ADDRESS | 288 BEACH DRIVE NE 10-B |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33701 |
| TITLE | DPT <input type="checkbox"/> Delete |
| NAME | WALLACE, THOMAS R |
| STREET ADDRESS | 260 RAFAEL BLVD. NE |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | LARSON, MARK A |
| STREET ADDRESS | 2540 7TH STREET N. |
| CITY-ST-ZIP | ST PETERSBURG FL 33704 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 |
| 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, which other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)