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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State
01-30-2002 90103 038 ***150.00

DOCUMENT # 154877

1. Entity Name
FLORIDA WALLACE, INC.

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

DO NOT WRITE IN THIS SPACE

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 59-0623866 ☐ Applied For ☐ Not Applicable

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 288 BEACH DRIVE NE 10-B SAINT PETERSBURG FL 33701 Pls. Delete	Name Thomas R Wallace Street Address (P.O. Box Number is Not Acceptable) 343 Brightwaters Blvd. N.E. City St. Petersburg FL Zip Code 33704

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 X Thomas R. Wallace 1/14/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC WALLACE, JOHN P 288 BEACH DRIVE NE 10-B SAINT PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 288 BEACH DRIVE NE 10-B SAINT PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition Title
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT WALLACE, THOMAS R 260 RAFAEL BLVD. NE ST PETERSBURG FL	☐ Delete	TITLE DPT / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Wallace, Thomas R. 343 Brightwaters BLVD, N.E. St. Petersburg, FL 33704	☒ Change ☐ Addition DPT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LARSON, MARK A 2540 7TH STREET N. ST PETERSBURG FL 33704	☒ Delete	TITLE DAS / NAME / STREET ADDRESS / CITY-ST-ZIP	Wallace, Susan 343 Brightwaters Blvd N.E. St. Petersburg, FL 33704	☐ Change ☒ Addition DAS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP / NAME / STREET ADDRESS / CITY-ST-ZIP	Wallace, Peter 416 Brightwaters Blvd N.E. St. Petersburg, FL 33704	☐ Change ☒ Addition V.P

CR2E034 (9/01)

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: Thomas R. Wallace ENGRAVED 1/14/02 727-8961610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #