

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90023 041 ***150.00

DOCUMENT # 196832

1. Entity Name

WALLACE INTERNATIONAL, 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

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

59-0932685

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
700 BEACH DR NE
ST PETERSBURG FL 33701

Name **Wallace, John P.**
Street Address (B.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	<input type="checkbox"/> Delete
CD	WALLACE, JOHN P	700 BEACH DR NE	ST PETERSBURG FL	<input type="checkbox"/>
DS	WALLACE, WILLIAM P	1338 MONTICELLO BLVD N	ST PETERSBURG FL	<input type="checkbox"/>
T	WALLACE, WILLIAM P	1338 MONTICELLO BLVD N	ST PETERSBURG FL	<input checked="" type="checkbox"/>
ASD	WALLACE, MARTHA R.	700 BEACH DR NE	ST. PETERSBURG FL	<input type="checkbox"/>
PDT	WALLACE, THOMAS R	260 RAFAEL BLVD.	ST PETERSBURG, FL 00000	<input type="checkbox"/>
V	LARSON, MARK	2540 7TH ST N	ST-PETERSBURG FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CD	Wallace, John P	288 Beach Drive NE, 10-B	ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S/T	WALLACE, WILLIAM P	1338 MONTICELLO BLVD N	ST. PETERSBURG, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASD	WALLACE, MARTHA R.	288 BEACH DRIVE NE 10-B	ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
Thomas R. Wallace

Date

Daytime Phone #

2/28/00 (727) 896-610

CR2E034 (9/99)