

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 196832

1. Entity Name

WALLACE INTERNATIONAL, INC.

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

01-31-2001 90013 015 ***150.00

Principal Place of Business

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

Mailing Address

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WALLACE, JOHN P
288 BEACH DR NE 10-B
ST 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)

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	WALLACE, JOHN P	
STREET ADDRESS	288 BEACH DR NE 10-B	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WALLACE, WILLIAM P	
STREET ADDRESS	1338 MONTICELLO BLVD N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	WALLACE, MARTHA R.	
STREET ADDRESS	288 BEACH DR NE 10-B	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	WALLACE, THOMAS R	
STREET ADDRESS	260 RAFAEL BLVD.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	LARSON, MARK	
STREET ADDRESS	2540 7TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
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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, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)