

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90083 031 ***150.00

DOCUMENT # 196832

1. Entity Name

WALLACE INTERNATIONAL, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**WALLACE, JOHN P
288 BEACH DR NE 10-B
ST PETERSBURG FL 33701**

Pls. Delete

7. Name and Address of New Registered Agent

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 *Thomas R. Wallace*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/02
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

TITLE **CD** ☒ Delete
NAME **WALLACE, JOHN P**
STREET ADDRESS **288 BEACH DR NE 10-B**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **DST** ☐ Delete
NAME **WALLACE, WILLIAM P**
STREET ADDRESS **1338 MONTICELLO BLVD N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **ASD** ☐ Delete
NAME **WALLACE, MARTHA R.**
STREET ADDRESS **288 BEACH DR NE 10-B**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **PDT** ☐ Delete
NAME **WALLACE, THOMAS R**
STREET ADDRESS **260 RAFAEL BLVD.**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **V** ☒ Delete
NAME **LARSON, MARK**
STREET ADDRESS **2540 7TH ST N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Wallace, Thomas R**
STREET ADDRESS **343 Brightwaters Blvd N.E.**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE ☐ Change ☒ Addition
NAME **Wallace, Susan**
STREET ADDRESS **343 Brightwaters Blvd. N.E.**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE ☐ Change ☒ Addition
NAME **Wallace, Peter**
STREET ADDRESS **416 Brightwaters Blvd N.E.**
CITY-ST-ZIP **St. Petersburg, FL 33704**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 *727-8961610*
Date Daytime Phone #

CR2E034 (9/01)