

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90324 001 ***361.25

DOCUMENT # 205426

1. Entity Name
WALL STREET HOLDING CORPORATION

Principal Place of Business
**150 EAST CENTRAL AVE.
 ORLANDO FL 32801**

Mailing Address
**150 EAST CENTRAL AVE.
 ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0491072**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

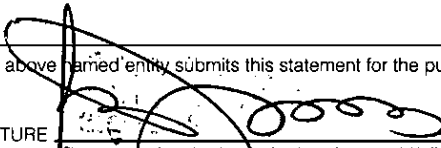
7. Name and Address of New Registered Agent

**JONES, GINA
 150 E. CENTRAL BLVD.
 ORLANDO FL 32801**

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 **3/28/02**

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **YOUNG, TERRY C**
 CITY-ST-ZIP **215 N COLA AVENUE
 ORLANDO FL 32801**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Paul C Augley**
 CITY-ST-ZIP **3219 Lane Anderson Drive
 Orlando FL 32812**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ROBINSON, KEN**
 CITY-ST-ZIP **1910 ALDEN ROAD
 ORLANDO FL 32803**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SEAL, RALEIGH F**
 CITY-ST-ZIP **717 N MAGNOLIA AVENUE
 ORLANDO FL 32803**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **DAVIS, MICHAEL H**
 CITY-ST-ZIP **315 E ROBINSON STREET, SUITE 580
 ORLANDO FL 32801**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **GAVIN WATSON**
 CITY-ST-ZIP **8617 BAY RIDGE BLVD
 ORLANDO FL 32819**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **STEVE ZEPF**
 CITY-ST-ZIP **20 N ORANGE AVE #200
 ORLANDO FL 32801**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)