

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2002 8:00 am
Secretary of State**

02-01-2002 90007 047 ***150.00

DOCUMENT # 3511881. Entity Name
WALLING CRATE COMPANY

Principal Place of Business

**507 N 14TH ST.
P O BOX 490329
LEESBURG FL 34749-7329**

Mailing Address

**507 N 14TH ST.
P O BOX 490329
LEESBURG FL 34749-7329**

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 **59-1269200**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLING, ROBERT
1006 LOVES POINT DRIVE
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **Walling, Robert**
Street Address (P.O. Box Number is Not Acceptable)
5327 RIVERSIDE DRIVE
City **HOMOSASSA** **FL** Zip Code **34448**

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 fee 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, SYLVIA	
STREET ADDRESS	1411 MOSSWOOD DRIVE	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MARY W	
STREET ADDRESS	112 GOLF CLUB DR.	
CITY-ST-ZIP	NEW SMYRNA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLING, ROBERT	
STREET ADDRESS	1006 LOVES POINT DRIVE	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALLING, STUART	
STREET ADDRESS	5229 VIEW POINT	
CITY-ST-ZIP	HOMASASSA FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5327 Riverside Drive	
CITY-ST-ZIP	HOMOSASSA, FL 34448	
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		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)