

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504178

1. Entity Name

WALTON PROPERTIES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90211 007 ***150.00

A0008394



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
701 ANCHORS ST. N.W. 701 ANCHORS ST. N.W.
FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548-3868

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 59-1270409 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, GEORGE R.
701 ANCHORS ST. N.W.
FT. WALTON BEACH FL 32548

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. ☐ 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	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, REBECCA B			NAME			
STREET ADDRESS	701 ANCHORS ST.			STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, GEROGE R			NAME			
STREET ADDRESS	701 ANCHORS ST.			STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, ROBERT V			NAME			
STREET ADDRESS	701 ANCHORS ST			STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, JAMES R			NAME			
STREET ADDRESS	701 ANCHORS ST			STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: George R. Smith 1/12/00 850-244-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)