

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90049 047 \*\*\*150.00

**DOCUMENT #** 532845  
**Entity Name** WALSON INC.

**Principal Place of Business** 6000 W. OAKLAND PARK BLVD.  
**Mailing Address** SAME  
 SUNRISE, FLORIDA 33313

**Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-1737967  
**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

WILLIAM J. CHALICH  
 6000 W. OAKLAND PARK BLVD.  
 SUNRISE, FLORIDA 33313

**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 reappointing)

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, 2000 Fee will be \$550.00**  
**Make Check payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                                                                                                                                                                |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>TITLE</b><br>PRES.<br><b>NAME</b><br>WILLIAM J. CHALICH<br><b>STREET ADDRESS</b><br>6000 W. OAKLAND PARK BLVD.<br><b>CITY-ST-ZIP</b><br>SUNRISE, FLA. 33313 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>VP. S-T<br><b>NAME</b><br>PENNY CHALICH<br><b>STREET ADDRESS</b><br>6000 W. OAKLAND PARK BLVD.<br><b>CITY-ST-ZIP</b><br>SUNRISE, FLA. 33313    | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                     | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                     | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                     | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                     | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                                            |                                                                   |
|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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 807, 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 information.**

**SIGNATURE:**

*William J. Chalich*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. CHALICH  
 PRES.

4/24/00 954 742 4182  
 Date Daytime Phone

CH2E004 (9/99)