

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

0360788 AV

04-15-2003 90275 001 \*\*\*450.00

**DOCUMENT # 579766**

1. Entity Name

**ALLISON WALTER ASSOCIATES, INC.**



Principal Place of Business  
**14151 SW 24TH ST  
FT LAUDERDALE FL 33325-5032**

Mailing Address  
**14151 SW 24TH ST  
FT LAUDERDALE FL 33325-5032**



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 **59-1835709**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARGILL, WALTER  
14151 SW 24TH ST  
FT LAUDERDALE FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARGILL, WALTER EDWARD</b>	
STREET ADDRESS	<b>14151 SW 24TH ST</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARGILL, ALLISON</b>	
STREET ADDRESS	<b>14151 SW 24TH ST</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CARGILL, ANDREW S</b>	
STREET ADDRESS	<b>14151 SW 24 ST</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CARGILL, WALTER E JR</b>	
STREET ADDRESS	<b>9929 NW 9 CT</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ALLISON CARGILL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 954-474-3322  
Date Daytime Phone #

CR2E034 (10/02)