

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846864

1. Entity Name

WALCO INTERNATIONAL, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90154 048 ***150.00

701653



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

520 S MAIN ST
GRAPEVINE TX 76051
US

520 S MAIN ST
GRAPEVINE TX 76051-5365
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2177786

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.
(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, JAMES	
STREET ADDRESS	520 S MAIN ST	
CITY-ST-ZIP	GRAPEVINE TX 76051	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	HOLT, KEVIN F.	
STREET ADDRESS	520 SOUTH MAIN ST	
CITY-ST-ZIP	GRAPEVINE FL 76051	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHELAR, STEVE	
STREET ADDRESS	21145 SHILOH CIRCLE	
CITY-ST-ZIP	ELKHORN NE 68022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVELAND, GREG	
STREET ADDRESS	520 S MAIN STREET	
CITY-ST-ZIP	GRAPEVINE TX 76051	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, GREGORY M.	
STREET ADDRESS	2 COPLEY PLACE	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	WEBER, CRAIG H.	
STREET ADDRESS	520 S MAIN ST	
CITY-ST-ZIP	GRAPEVINE TX 76051	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James C. Robison	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph A. Harness	
STREET ADDRESS	520 S Main Street	
CITY-ST-ZIP	Grapevine, TX 76051	

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:

Joseph A. Harness

01-05-00

817-601-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)