

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012666 AF

DOCUMENT # **A22506**

1. Entity Name

**C.B. WALLER ENTERPRISES, LTD.**

Principal Place of Business

**1002 IOWA AVE.  
LYNN HAVEN FL 32444**

Mailing Address

**1002 IOWA AVE.  
LYNN HAVEN FL 32444**

**FILED**

**01 FEB 15 AM 11:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1002 IOWA AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**1002 IOWA AVE**  
Suite, Apt. #, etc.

City & State

**LYNN HAVEN, FLA.**

City & State

**LYNN HAVEN, FLA**

4. FEI Number

**59-2663716**

Applied For

Not Applicable

Zip

Country

**32444**

**BA4**

Zip

Country

**32444**

**BA4**

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

6. Name and Address of Current Registered Agent

**WALLER LEE, MARIE  
1002 IOWA AVENUE  
LYNN HAVEN FL 32444**

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. Capital Contributions as Shown on record.

**\$736,250.00**

10. Amount of Capital Contributions in FLORIDA to date.

**736,250.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME **WALLER LEE, MARIA**  
STREET ADDRESS **1002 IOWA AVE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**700003745847-1**  
**02/21/01 01000 000**  
**\*\*\*\*526.25 \*\*\*\*526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**Maria Waller Lee**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-13-01**

Date

**850-265-5157**

Daytime Phone #

CR2E003 (11/00)