

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53243

1. Entity Name

WALNEF, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90032 007 ***158.75

Principal Place of Business

Mailing Address

C/O WALTER E. LOTZ
5015 GEORGIA AVE.
W. PALM BCH. FL 33405

C/O WALTER E. LOTZ
5015 GEORGIA AVE.
W. PALM BCH. FL 33405-3101

2. Principal Place of Business

3. Mailing Address

C/O WALTER E. LOTZ
Suite, Apt. #, etc.
6511 HIGH RIDGE RD.

C/O WALTER E. LOTZ
Suite, Apt. #, etc.
6511 HIGH RIDGE RD.

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33462

Country
PALM BEACH

Zip
33462

Country
PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2141175

Applied For
Not Applicable

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

LOTZ, WALTER E.
5015 GEORGIA AVE.
W. PALM BCH., FL 33405

Name LOTZ, WALTER E.

Street Address (P.O. Box Number, if acceptable) 6511 HIGH RIDGE RD.

~~LAKE WORTH~~

City LAKE WORTH FL 33462

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 W. LOTZ

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1.7.2000.

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 PSV
NAME LOTZ, WALTER E.
STREET ADDRESS 5015 GEORGIA AVE
CITY-ST-ZIP W PALM BCH, FL 00000 ☒ Delete

TITLE PSV
NAME LOTZ, WALTER E.
STREET ADDRESS 6511 HIGH RIDGE RD.
CITY-ST-ZIP LAKE WORTH FL 33462 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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: W. LOTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1.7.2000. 561-588-2231

Date

Daytime Phone #

CR2E034 (9/99)