

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63520

1. Entity Name  
**AZIMUTH CORPORATION**

Principal Place of Business  
13325 US HWY 19 N.  
CLEARWATER FL 33764-7525  
US

Mailing Address  
13325 US HWY 19 N.  
CLEARWATER FL 33764-7225  
US

2. Principal Place of Business  
**12393 Belcher RD**  
Suite, Apt. #, etc.  
**450**

3. Mailing Address  
**12393 Belcher RD**  
Suite, Apt. #, etc.  
**450**

City & State  
**Largo, FL**  
Zip  
**33773**

Country  
**USA**

City & State  
**Largo, FL**  
Zip  
**33773**

Country  
**USA**

4. FEI Number **59-2229975**

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**CRANTON, GEORGE D.**  
13325 US HWY 19 N.  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent  
Name  
**BARRY L. WALL**  
Street Address (P.O. Box Number is Not Acceptable)  
**12393 BELCHER ROAD, #450**  
**LARGO,**  
City  
**LARGO** FL Zip Code  
**33773**

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 *Barry L. Wall*  
Signature, typed or printed name of registered agent and title if applicable.

**BARRY L. WALL**

**MARCH 7, 2001**

(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, 2001 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

TITLE  
**PTD**  
NAME  
**CRANTON, GEORGE D.** ☒ Delete  
STREET ADDRESS  
**13325 US HWY 19 N.**  
CITY-ST-ZIP  
**CLEARWATER FL**

TITLE  
**VAT** ☒ Delete  
NAME  
**WALL, BARRY L.**  
STREET ADDRESS  
**13325 US HWY 19 N.**  
CITY-ST-ZIP  
**CLEARWATER FL**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
**PTD** ☒ Change ☐ Addition  
NAME  
**BARRY L. WALL**  
STREET ADDRESS  
**12393 BELCHER ROAD, #450**  
CITY-ST-ZIP  
**LARGO, FLORIDA 33773**

TITLE  
**VS** ☐ Change ☒ Addition  
NAME  
**GWENDOLYN B. MALTOCK**  
STREET ADDRESS  
**12393 BELCHER ROAD, #450**  
CITY-ST-ZIP  
**LARGO, FLORIDA 33773**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Barry L. Wall*

**BARRY L. WALL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/07/01**

Date

**800/237-5481**

Daytime Phone #

0370116

CR2E034 (10/00)