

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90035 037 \*\*\*550.00

MICHIGAN AT

**DOCUMENT # F99000005872**

1. Entity Name **KEN WALL RESOURCES, INC.**

Principal Place of Business **24039 PERDIDO BEACH BLVD PENSACOLA FL 36561**

Mailing Address **P.O. BOX 2020 ORANGE BEACH AL 36561**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **63-1236160** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**GARRETT, DONNA R**  
**16289 N SHORE DR**  
**PENSACOLA FL 32507**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>CP</b> <input type="checkbox"/> Delete
NAME	<b>WALL, KENNETH D</b>
STREET ADDRESS	<b>24039 PERDIDO BEACH BLVD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 36561</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MALBIS, GINA M</b>
STREET ADDRESS	<b>P.O. BOX 2020</b>
CITY-ST-ZIP	<b>ORANGE BEACH FL 36561</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>STITT, KATHLEEN</b>
STREET ADDRESS	<b>10680 KENNETH LEE LANE</b>
CITY-ST-ZIP	<b>ELBERTA AL 36530</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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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: *[Signature]* **9/5/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/5/01** Daytime Phone #

CR20034 (5/01)