

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90537 021 ***150.00

DOCUMENT # G52847

1. Entity Name
SAMUEL L. WALLACE, INC.

Principal Place of Business

~~670 N. COURTENAY PKWY~~
~~17B~~
~~MERRITT ISLAND FL 32954~~
~~US~~

Mailing Address

~~P.O. BOX 540941~~
MERRITT ISLAND FL 32954-0941
~~US~~

2. Principal Place of Business

3420 N. Courtenay Hwy
 Suite, Apt. #, etc.
118

3. Mailing Address

Box 540941
 Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

Merritt Island FL

4. FEI Number

59-2856683

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32954

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, RONALD J
429 WATTS WAY
COCOA BEACH FL 32931

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. 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	LUCAS, RONALD J	BOX 540941 N/A	MERRITT ISLAND FL	<input checked="" type="checkbox"/>
	PD WALLACE, S.L.	BOX 540941 N/A	MERRITT ISLAND FL	<input type="checkbox"/>
	WALLACE, ANDREW R.	Box 540941	Merritt Island, FL 32954	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	SECRETARY	WALLACE, ANDREW R	Box 540941	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02

Date

321-480-3510

Daytime Phone #

CR2E034 (9/01)