

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90138 025 \*\*\*550.00

**DOCUMENT # H58451**

1. Entity Name  
**WALBON AND COMPANY, INC.**



Principal Place of Business  
**8576 CO RD 229  
WILDWOOD FL 34785  
US**

Mailing Address  
**8576 CO RD 229  
WILDWOOD FL 34785-9634  
US**

**55055013**

2. Principal Place of Business

3. Mailing Address

**4230 Pine Bend Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Rosemount, MN**

4. FEI Number **59-2520561**

Applied For  
Not Applicable

Zip Country

Zip Country  
**55068 USA**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALBON, DARRELL R  
8576 COUNTY RD 229  
WILDWOOD FL 34785**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**7-31-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
NAME **WALBON, DARRELL R.**  
STREET ADDRESS **4230 PINE BEND TRAIL**  
CITY-ST-ZIP **ROSEMOUNT MN 55068**

TITLE **Manager of Yard Operations** ☐ Delete  
NAME **Walbon, Richard**  
STREET ADDRESS **4230 Pine Bend Trail**  
CITY-ST-ZIP **Rosemount, MN 55068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED**

**7-31-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)