

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67522

1. Entity Name

WALMAR, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90194 042 ***150.00

Principal Place of Business

2866 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address

2866 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065-1427

2. Principal Place of Business

2432 University Dr.
Suite, Apt. #, etc.

3. Mailing Address

2432 University Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0098162

Applied For

Not Applicable

Zip

Country

33065

Zip

Country

33065

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EHLERS, WALTER~~
2866 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2432 University Dr.

City Coral Springs

FL

Zip Code

33065

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, 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

TITLE PD
NAME EHLERS, WALTER
STREET ADDRESS 2866 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2432 University Dr.
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Walter Ehlert EHLERS

Date

Daytime Phone #

1/10/00 954-753-3189

CR2E034 (9/99)