

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H67522**  
1. Entity Name  
**WALMAR, INC. D/B/A**  
**CORAL SPRINGS PRINTING & ADVERTISING** ✓

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90010 027 \*\*\*150.00

Principal Place of Business Mailing Address  
**2432 UNIVERSITY DR** **2432 UNIVERSITY DR**  
**CORAL SPRINGS, FL 33065** **CORAL SPRINGS, FL 33065**

**A0035274**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0098162** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WALTER EHLERS**  
**375 SHERWOOD FOREST DR.**  
**DELRAY BEACH, FL 33445**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PRES.</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER EHLERS</b>		NAME		
STREET ADDRESS	<b>375 SHERWOOD FOREST DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>		CITY-ST-ZIP		
TITLE	<b>SEC</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISA EHLERS - BAIN</b>		NAME		
STREET ADDRESS	<b>2400 NW. 105 TERR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Walter Ehlers (WALTER EHLERS)** **3/15/01** **954-753-3189**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)