

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90012 006 ***158.75

DOCUMENT # **J55257** ✓

1. Entity Name

WALLIPS ENTERPRISES, INC.

Sanibel Tree Service, Inc

N/C 11/19/01 (Tm)

Principal Place of Business

**1205 PERIWINKLE WAY
 SANIBEL FL 33957**

Mailing Address

**P.O. BOX 1151
 SANIBEL FL 33957
 US**

2. Principal Place of Business

11620 Chitwood Dr. SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

City & State

Fort Myers, FL

City & State

Zip

33908

Country

Lee

Country

4. FEI Number

59-2775063

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALTERS, WILLIAM S.
 1211 PERIWINKLE WAY
 SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name

Patricia M. Phillips

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

6870 Briarcliff Rd

City

Fort Myers

FL

Zip Code

33912

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 **Patricia M. Phillips** **Patricia M. Phillips, President** **1/7/02**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, WILLIAM S.	
STREET ADDRESS	1211 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, KATHY L	
STREET ADDRESS	1211 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PHILLIPS, JAMES G.	
STREET ADDRESS	6870 BRIARCLIFF RD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, PATRICIA M.	
STREET ADDRESS	6870 BRIARCLIFF RD	
CITY-ST-ZIP	FT MYERS FL 33912	
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"/> 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	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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: **Patricia M. Phillips** **Patricia M. Phillips, Pres.** **1/7/02** **941-472-9131**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)