

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90090 039 ***150.00

0002936

DOCUMENT # K02168

1. Entity Name

BARBARA L. WALTHER CORP.

Principal Place of Business

P.O. BOX 510263
MELBOURNE BEACH FL 32951-0263

Mailing Address

P.O. BOX 510263
MELBOURNE BEACH FL 32951-0263**00030012**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2890766

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NASH, CHARLES IAN
930 S. HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **WALTHER, BARBARA L**
STREET ADDRESS **3112 RIVER VILLA WAY**
CITY-ST-ZIP **MELBOURNE BEACH FL**TITLE **VS** ☐ Delete
NAME **WALTHER, NANCY A.**
STREET ADDRESS **242 VICTORIA PLACE**
CITY-ST-ZIP **WAYNESVILLE OH**TITLE **V** ☐ Delete
NAME **WALTHER, NICHOLAS A.**
STREET ADDRESS **3112 RIVER VILLA WAY**
CITY-ST-ZIP **MELBOURNE BEACH FL**TITLE **V** ☐ Delete
NAME **MCSWAIN, LINDA**
STREET ADDRESS **1884 24TH ST**
CITY-ST-ZIP **GREELEY CO**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Barbara L. Walther **BARBARA L. WALTHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRES)

3/22/01

Date

321-723-4753

Daytime Phone #

CR2E034 (10/00)