

2002 UNIFORM BUSINESS REPORT (UBR)

7/30

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-30-2002 90002 028 ****55.00

DOCUMENT # L01000012191

1. Entity Name

WALT'S CONSTRUCTION SERVICES, LTD. CO.

Principal Place of Business

**315 COURTLEA OAKS BLVD.
 WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 770895
 WINTER GARDEN FL 34777**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2336144

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWAFFORD, WALTER P
 315 COURTLEA OAKS BLVD.
 WINTER GARDEN FL 34787**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002.**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **OWNER / AGENT / PRINCIPAL**
 STREET ADDRESS **WALTER P. SWAFFORD**
 CITY-ST-ZIP **315 COURTLEA OAKS BLVD
 WINTER GARDEN, FL 34787**

TITLE ☐ Delete
 NAME
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10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

WALTER P. SWAFFORD

7/5/02 407-448-6896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #