

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90329 025 ***150.00

DOCUMENT # L26592

1. Entity Name

WALSH DISTRIBUTING COMPANY, INC.

Principal Place of Business

**5308 SILVER STAR R
 ORLANDO FL 32808
 US**

Mailing Address

**5308 SILVER STAR RD
 ORLANDO FL 32808
 US**

2. Principal Place of Business

110 N. Orlando Ave

Suite, Apt. #, etc.

Suite 14

City & State

MAITLAND FLA.

Zip

32751

Country

USA

3. Mailing Address

110 N. ORLANDO Ave.

Suite, Apt. #, etc.

Suite 14

City & State

MAITLAND FLA.

Zip

32751

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2978711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALSH, CELISSA J.

5308 SILVER STAR ROAD

#101

ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

CELISSA J WALSH

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

110 N. ORLANDO Ave.

Suite, Apt. #, etc.

Suite 14

City

MAITLAND

FL

Zip Code

32751

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, 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

TITLE **ST** ☐ Delete
 NAME **WALSH, CELISSA J.**
 STREET ADDRESS **9303 SIR LAWRENCE CT**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE **P** ☐ Delete
 NAME **WALSH, THOMAS F., JR**
 STREET ADDRESS **9303 SIR LAWRENCE CT**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. WALSH, JR PRES. 4076474772

Date

4/26/02

Daytime Phone #

CR2E034 (9/01)