FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91587 009 ***150.00

DOCUMENT # L38011

1. Entity Name
Wallenbrock Supply, Inc.

110792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1870 Boy Scout Drive	1870 Boy Scout Drive
Suite, Apt. #, etc.: #301	Suite, Apt. #, etc.: #301
City & State: Fort Myers, Fl.	City & State: Fort Myers, Fl.
Zip: 33907 Country: Lee	Zip: 33907 Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0161598 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Norma Wallenbrock

Street Address (P.O. Box Number is Not Acceptable): 8120 Breton Cricle

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	PD
NAME	Norma Wallenbrock
STREET ADDRESS	8120 Breton Circle
CITY-ST-ZIP	Fort Myers, Fl. 33912
TITLE	VPDTS
NAME	Gleyn Wallenbrock
STREET ADDRESS	1870 Boy Scout Drive #301
CITY-ST-ZIP	Fort Myers, Fl. 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: /Gleyn F. Wallenbrock/ 21 MAY 02 239-936-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #