

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 08:00 AM
Secretary of State

DOCUMENT # L61283

1. Entity Name
THOMAS R. WALTER & ASSOCIATES, ARCHITECTS AND PLANNERS
 , P.A.

Principal Place of Business C/O TROY MYERS ESQUIRE 2033 MAIN ST., STE. 600 SARASOTA 34230 FL	Mailing Address C/O TROY MYERS ESQUIRE 2033 MAIN ST., STE. 600 SARASOTA 34230 FL
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2. Principal Place of Business TWO NORTH TAMIAMI TRAIL	3. Mailing Address TWO NORTH TAMIAMI TRAIL
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Suite, Apt. #, etc. SUITE 206, ONE SARASOTA TOWER	Suite, Apt. #, etc. SUITE 206, ONE SARASOTA TOWER
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City & State SARASOTA FL	City & State SARASOTA FL
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Zip 34236	Country	Zip 34236	Country
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4. FEI Number 65-0195599	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MYERS, TROY H., JR
 2033 MAIN STREET
 SUITE 600
 SARASOTA
 34230
 FL

7. Name and Address of New Registered Agent

Name WALTER THOMAS R
Street Address (P.O. Box Number is Not Acceptable) TWO NORTH TAMMIAMI TRAIL
SUITE 206, ONE SARASOTA TOWER
City SARASOTA FL Zip Code 34236

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 **THOMAS R. WALTER**

04/17/2001

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 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	PD WALTER, THOMAS R. 2 NORTH TAMIAMI TRAIL, SUITE 300 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER, THOMAS R. 2 NORTH TAMIAMI TRAIL, SUITE 206 SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Thomas R. Walter**

PD **04/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)