

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003236

1. Entity Name  
D.M. WALSH & ASSOCIATES, LLC

APPROVED  
AND  
FILED

00 MAY 12 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1506 NORTH GREENLEAF COURT  
WINTER SPRINGS FL 32708

Mailing Address

1506 NORTH GREENLEAF COURT  
WINTER SPRINGS FL 32708-5900

*New address below:*

2. Principal Place of Business

253 Plaza Drive

Suite, Apt. #, etc.

Suite B

City & State

Orlando FL

Zip

32765

Country

USA

3. Mailing Address

253 Plaza Drive

Suite, Apt. #, etc.

Suite B

City & State

Orlando FL

Zip

32765

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3590838

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALSH, DAVID M

1506 NORTH GREENLEAF COURT  
WINTER SPRINGS FL 32708

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM  
NAME WALSH, DAVID M  
STREET ADDRESS 1506 N GREENLEAF COURT  
CITY-ST-ZIP WINTER SPRINGS FL 32708 *Sec New address above*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

400003279454-3

06/07/00-01018-018

\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

0000446  
AF