

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003236

1. Entity Name

D.M. WALSH & ASSOCIATES, LLC

Principal Place of Business

253 PLAZA DRIVE, SUITE B
ORLANDO FL 32765

Mailing Address

253 PLAZA DRIVE, SUITE B
ORLANDO FL 32765

FILED

2001 MAY -9 PM 5:16

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Springs FL
Zip 32708

Country

USA

City & State

Winter Springs FL
Zip 32708

Country

USA

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 David M. Walsh

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

1609 Tiverton St

City Winter Springs

FL

Zip Code

32708

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

4/30/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
WALSH, DAVID M
~~253 PLAZA DRIVE, SUITE B~~
~~ORLANDO FL 32765~~

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1609 Tiverton St
Winter Springs, FL 32708

☒ Change ☐ Addition

TITLE
NAME
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☐ 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

4/30/01 407.366.3504

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

Date

Daytime Phone #