FILED
Sep 12, 2003 8:00 am
Secretary of State

05-05-2003 90914 001 ***131.25
09-12-2003 90091 009 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000003349

1. Entity Name
WALTER H. WALLACE INC.

90156642

Principal Place of Business	Mailing Address
PO BOX 140322 GAINESVILLE, FL 32614 US	PO BOX 140322 GAINESVILLE, FL 32614 US

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4251 SW 13th St 14-A	PO Box 140322
Suite, Apt. #, etc.: 14-A	Suite, Apt. #, etc.:
City & State: Gainesville Florida	City & State: Gainesville Florida
Zip: 32608 Country: USA	Zip: 32614 Country: USA

4. FEI Number: 020597645 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALTER, WALLACE H JR. 1023 SE 2TH STREET GAINESVILLE, FL 32641	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALTER, WALLACE H SR 4121 NE 15TH STREET APT 13 GAINESVILLE, FL 32609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Walter Wallace 4251 SW 13 St Ste 14-A Gainesville, FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETER, REFOUR 3415 SW 39TH BLVD APT 911-D GAINESVILLE, FL 32609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bobby Boyd 4251 SW 13th St. Ste 14-A Gainesville, FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. BOBBY, JONES 3415 SW 39TH BLVD APT 911-D GAINESVILLE, FL 32609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Tanya Edwards 4251 SW 13th St 14-A Gainesville, FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES EZRA, WALLACE L 1023 SE 20TH STREET GAINESVILLE, FL 32641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Wallace 9-9-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #