

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002572

1. Entity Name

WALLACE DEVELOPMENT CORPORATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90020 022 ****62.00

Principal Place of Business

1200 WEST 2 ST
 RIVIERA BEACH FL 33404

Mailing Address

1200 WEST 2 ST
 RIVIERA BEACH FL 33404-7206

101400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1609034

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

WALLACE, JUANITA
 501 W 1ST STREET
 RIVIERA BEACH FL 33404

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLACE, JUANITA A	
STREET ADDRESS	1200 W 2ND ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLOUGH, FAITH W	
STREET ADDRESS	501 W FIRST ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDONALD, GWENDOLYN	
STREET ADDRESS	1249 W 10TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 561 842-9283

CR2E037 (9/99)