

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002572

1. Entity Name

WALLACE DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

1200 WEST 2 ST
RIVIERA BEACH FL 33404

1200 WEST 2 ST
RIVIERA BEACH FL 33404

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

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
NAME WALLACE, JUANITA A
STREET ADDRESS 1200 W 2ND ST
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME CLOUGH, FAITH W
STREET ADDRESS 501 W FIRST ST
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MCDONALD, GWENDOLYN
STREET ADDRESS 1249 W-10TH ST
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME ☐ Change ☐ Addition
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: *Faith Clough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 561 8480952

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90197 013 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)