


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90250 014 ***158.75

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1. Entity Name
WALTER J. SCHOLZ, INC.



Principal Place of Business
**100 MADRID BLVD
#213
PUNTA GORDA FL 33950**

Mailing Address
**26121 FEATHERSOUND DRIVE
PUNTA GORDA FL 33955**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
1204 ISLAMORADA BLVD.
Suite, Apt. #, etc.
City & State
PUNTA GORDA
Zip
33955
Country
CHARLOTTE

4. FEI Number **65-1085536** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SCHOLZ, WALTER J
26121 FEATHERSOUND DRIVE
PUNTA GORDA FL 33955**

7. Name and Address of New Registered Agent
Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
1204 ISLAMORADA BLVD
City **PUNTA GORDA** FL **33955**

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  **WALTER J. SCHOLZ PRES** DATE **02-12-03**

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SCHOLZ, WALTER J	26442 FEATHERSOUND DRIVE	PUNTA GORDA FL 33955	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	SCHOLZ, WALTER J.	1204 ISLAMORADA BLVD	PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, 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:  DATE: **2-12-03** DAYTIME PHONE #: **941-637-8028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)