

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

0439805

**DOCUMENT # P00000064116**

1. Entity Name  
**WILLIAM WALLACE ENTERPRISES, INC.**

06-06-2001 90156 001 \*\*\*\*50.00  
 06-06-2001 90156 002 \*\*\*\*100.00

Principal Place of Business Mailing Address  
**3801 SOUTHEAST FEDERAL HIGHWAY 3801 SOUTHEAST FEDERAL HIGHWAY**  
**STUART FL 34997 STUART FL 34997**

**74391**



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 **65-1023153** 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

**QUNITON, A. EDWARD III ESQ**  
**80 S.W. 8TH STREET**  
**SUITE 2150**  
**MIAMI FL 33130**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW !! FEE IS \$150.00**  
~~After MAY-1-2001 Fee will be \$650.00~~  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D WALLACE, WILLIAM L**  
 STREET ADDRESS **3801 SOUTHEAST FEDERAL HIGHWAY**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Vice President Secretary**  
 STREET ADDRESS **D. Lee Smith**  
 CITY-ST-ZIP **175 Dove Circle**  
**Royal Palm Beach, Fl. 33411**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Assistant Secretary**  
 STREET ADDRESS **Judith L. Powell**  
 CITY-ST-ZIP **494 Krueger Creek Place**  
**Stuart, Florida 34996**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE *Judith L. Powell* Asst. Secretary 4-30-01 (561) 283-6000x228  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)