

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90262 037 \*\*\*150.00

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**DOCUMENT # P00000064116**

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



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

Mailing Address  
**3801 SOUTHEAST FEDERAL HIGHWAY  
STUART FL 34997**



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

CHECK HERE IF MAKING CHANGES

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

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

Name **William L. Wallace**  
Street Address (P.O. Box Number is Not Acceptable)  
**3801 S.E. Federal Hwy.**  
City **Stuart** **FL** Zip Code **34997**

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 obligation of registered agent.

SIGNATURE *William L. Wallace*

4-22-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALLACE, WILLIAM L</b> <b>3801 SOUTHEAST FEDERAL HIGHWAY</b> <b>STUART FL 34997</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>SMITH, D LEE</b> <b>175 DOVE CIRCLE</b> <b>ROYAL PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>POWELL, JUDITH L</b> <b>494 KRUEGER CREEK PLACE</b> <b>STUART FL 34996</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 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: *Judith L. Powell* **Judith L. Powell** 4-22-03 (772) 283-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)