

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90076 024 ***150.00

DOCUMENT # P00000069616

1. Entity Name

WALTERS CONSTRUCTION OF TAMPA, INC.

Principal Place of Business

**4828 VISTA LN., APT. A
 TEMPLE TERRACE FL 33617**

Mailing Address

**4828 VISTA LN., APT. A
 TEMPLE TERRACE FL 33617**

2. Principal Place of Business

4902 E OKARA ROAD

3. Mailing Address

4902 E OKARA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA Florida

City & State

TAMPA Florida

4. FEI Number

59-3662184

Applied For

Not Applicable

Zip

Country

33617-4616

Zip

Country

33617-4616

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALTERS, FOSTER

4828 VISTA LN., APT. A

TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name **Foster Walters**

Street Address (P.O. Box Number is Not Acceptable)

4902 E OKARA ROAD

City

TAMPA

Florida

FL

Zip Code

33617-4616

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **D** ☐ Delete
 NAME **WALTERS, FOSTER**
 STREET ADDRESS **4828 VISTA LN., APT. A**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Foster Walters**
 STREET ADDRESS **4902 E OKARA ROAD**
 CITY-ST-ZIP **TAMPA, Florida 33617-4616**

TITLE **Vice-President** ☐ Change ☐ Addition
 NAME **Alvin Walters**
 STREET ADDRESS **3705 Aagon DR**
 CITY-ST-ZIP **TAMPA Fla 33619**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Nate Walters**
 STREET ADDRESS **3705 Aagon DR**
 CITY-ST-ZIP **TAMPA Fla 33619**

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

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

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

CR2E034 (9/01)

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #