

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 23 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 0000104720
1. Entity Name
Wally's Water Front, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3442 Marinatown Lane 3. Mailing Address 3442 Marinatown Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State North Fort Myers City & State FL 4. FEI Number 65-106 8046 Applied For
Zip 33903 Country USA Zip 33903 Country USA 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name T. S. Lang Winkelsas
Street Address (P.O. Box Number is Not Acceptable) 1801 Jackson Street
Fort Myers, FL Zip Code 33901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and date if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Walter Pierrat</u> <u>3442 Marinatown Lane</u> <u>North Fort Myers, FL 33903</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>100005763931</u> <u>-06/12/02--01077--024</u> <u>****150.00 ****150.00</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Pierrat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02
Date

Daytime Phone #

CR2E034B (12/01)