

4/23/

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90347 038 \*\*\*150.00

**DOCUMENT # P01000004607**

1. Entity Name

**WALK THROUGH PUZZLES, INC.**

Principal Place of Business

1683 OKETO STREET  
NORTH PORT FL 34287

Mailing Address

1683 OKETO STREET  
NORTH PORT FL 34287

2. Principal Place of Business

4061 Rock Hill Rd.

Suite, Apt. #, etc.

3. Mailing Address

4061 Rock Hill Rd.

Suite, Apt. #, etc.

City &amp; State

Defuniak Springs, FL

Zip

32435

Country USA

City &amp; State

Defuniak Springs FL

Zip 32435

Country US-A

4. FEI Number

65-1071982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OSBURN, GEORGE N  
1683 OKETO STREET  
NORTH PORT FL 34287

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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: *G. Osburn*

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

Secretary

(NOTE: Registered Agent signature required when reinstating)

4/11/02

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	President	<input type="checkbox"/> Delete
NAME	George N. Osburn II	
STREET ADDRESS	4061 Rock Hill Rd.	
CITY-ST-ZIP	Defuniak Springs, FL 32435	
TITLE	Secretary Treasurer	<input type="checkbox"/> Delete
NAME	George N. Osburn	
STREET ADDRESS	4061 Rock Hill Rd.	
CITY-ST-ZIP	Defuniak Springs FL 32435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *G. Osburn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George N. Osburn

4/11/02

Date

941  
9269339

Daytime Phone #

CR2E034 (9/01)