

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018870

1. Entity Name  
WALTHER HOLDING COMPANY, INC.



Principal Place of Business  
2300 AVOCADO AVE.  
11  
MELBOURNE FL 32935

Mailing Address  
2300 AVOCADO AVE.  
11  
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
H

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MULLER, RICHARD  
1127 S PATRICK DRIVE STE 3  
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

600024579626

11/12/03--01010--001 \*\*150.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P SHUAMBORG, GERALD A  
1643 NW SQUARE RIDGE DR.  
STUART FL 34994

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S JAQUA, WILLIAM R JR.  
7880 CABUERIN DR.  
MELBOURNE BEACH FL 32951

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*William R. Jaqua*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/03  
Date

321-752-0730  
Daytime Phone #

DID NOT RECEIVE  
ORIGINAL REQUESTS  
MUST HAVE SUITE H  
NOT 11

NOV 12 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE



REINSTATEMENT

CHECK HERE FOR NO CHANGES

4. FEI Number 01-0580230

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (4/03)

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