

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90071 007 \*\*\*150.00

**DOCUMENT # P01000049535**



1. Entity Name  
**WALLIS & WALLIS, P.A.**

Principal Place of Business  
**2637 E ATLANTIC BLVD  
210  
POMPANO BEACH FL 33062  
US**

Mailing Address  
**2637 E ATLANTIC BLVD  
210  
POMPANO BEACH FL 33062  
US**

11007004



2. Principal Place of Business

3. Mailing Address

**2641 EAST ATLANTIC BLVD**

**2641 EAST ATLANTIC BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 307**

**SUITE 307**

City & State

City & State

**POMPANO BEACH**

**POMPANO BEACH**

Zip

Country

Zip

Country

**FL**

**33062**

**FL**

**33062**

4. FEI Number **65-1120432**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETER, WALLIS**

**1620 SOUTH OCEAN BOULEVARD**

**8G**

**LAUDERDALE BY THE SEA FL 33062**

Name

**PETER E. S. WALLIS**

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

**2641 E. ATLANTIC BLVD.**

**SUITE 307**

City

**POMPANO BEACH**

FL

Zip Code

**33062**

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 **PETER E. S. WALLIS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/03**

**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	PD	<input type="checkbox"/> Delete
NAME	WALLIS, PETER	
STREET ADDRESS	1620 SOUTH OCEAN BOULEVARD, 8G	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALLIS, JOAN	
STREET ADDRESS	1620 SOUTH OCEAN BLVD., 8G	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: **PETER WALLIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03** **954-941-9005**  
Date Daytime Phone #

CR2E034 (10/02)