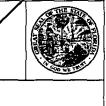
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000054813

1. Entity Name

JOAN WINIFRED WALSH CONSULTING, INC.



FILED Sep 12, 2003 8:00 am Secretary of State 09-12-2003 90093 011 ***550.00

Principal Place of Business 2346 JOSE CIR SOUTH JACKSONVILLE FL 32217		Mailing Address 2346 JOSE CIR SOUTH JACKSONVILLE FL 32217							
2. Principal P	Place of Business	3. Mailing Address			-			1880	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. F	4. FEI Number 65-1129893		oplied For ot Applicable	
Zip	Country	Zip	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WALSH, JOAN W				Name					
•	CAN W E CIR SOUTH		Street Addre		s (P.O. Box Number is Not Acceptable)				
	VILLE FL 32217								
NOCKOOI4	VILLE PL 322(/								
				City		FL	Zip Code	e	
	named entity submits this statement of the control	eln		ed office or regis		ent, or both, in the State of Florida. I am f	amiliar with,	and accept	
7.						T			
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department o					9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE 1 NAME - STREET ADDRESS CITY-ST-ZIP	P WALSH, JOAN W 2346 JOSE CIR SOUTH JACKSONVILLE FL 32217	☐ Delete		E Et address			Change	☐ Addition	
	BACKGOLANIET I C 02211			-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	ł			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	in the second se	بيسه الدالمد والمدوا		E —	The specific	And the second s	• •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby C	certify that the information supplied with	☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	Section 1	119.07(3)(i), Florida Statutes. I further cert	☐ Change	Addition	

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:

Daytime Phone #