

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000082116**

1. Entity Name
E.A. WALSH CONSULTING GROUP, INC.



Principal Place of Business
11380 NW 16TH ST
PEMBROKE PINES FL 33026

Mailing Address
11380 NW 16TH ST
PEMBROKE PINES FL 33026

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

6. Name and Address of Current Registered Agent

**WALSH, E. ANTHONY
11380 NW 16TH ST
PEMBROKE PINES FL 33026**

4. FEI Number **65-1138118** **Applied For**
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **D**
NAME **WALSH, E. ANTHONY**
STREET ADDRESS **11380 NW 16TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

Delete

TITLE **WALSH, E. ANTHONY** Change Addition
NAME **S**
STREET ADDRESS **11380 NW 16TH ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **T**
NAME **ALMANZAR, CARMEN M**
STREET ADDRESS **15766 NW 11TH ST**
CITY-ST-ZIP **PEMBROKE PINE FL 33028**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **WALSH, JOAN M**
STREET ADDRESS **11380 NW 16TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

Delete

TITLE
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CITY-ST-ZIP

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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: *[Signature]* **E. Anthony Walsh** **4-25-2003** **954-445-9972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01032003
AV

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90221 040 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)