

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90087 011 ***150.00

DOCUMENT # PO10001003460 ✓

1. Entity Name

WALITE - INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

440 PARK FARM RD.

3. Mailing Address

P.O. Box 486

Suite, Apt. #, etc.

WEWAHITCHKA

Suite, Apt. #, etc.

WEWAHITCHKA

City & State

FLORIDA

City & State

FLORIDA

Zip

32465

Country

USA

Zip

3

Country

USA

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TIMOTHY MILTON SMITH

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

440 PARKER FARM RD.

City

WEWAHITCHKA

FL

Zip Code

32465

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29, 2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT-DIRECTOR
TIMOTHY M. SMITH
PO BOX 486
WEWAHITCHKA, Fla 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 11.1 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M Smith

Date

April 30, 2002
850-639-5817

CR2E034B (12/01)