

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91443 040 ***150.00

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1. Entity Name

WALLER'S WALL TO WALL, INC.



Principal Place of Business

3648 RIDGEWOOD AVE
PORT ORANGE FL 32129

Mailing Address

3648 RIDGEWOOD AVE
PORT ORANGE FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0737536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHECTER, RANDALL L ESQ
175 W GRANADA BLVD STE 201
ORMOND BEACH FL 32174-6362

7. Name and Address of New Registered Agent

Name

DAVID DAVIS

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

5868 WOOD POINT TER

City

PORT ORANGE

FL

Zip Code
32128

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 re-registering)

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.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: DAVID DAVIS
STREET ADDRESS: 5868 WOOD POINT TER
CITY-ST-ZIP: PORT ORANGE FL 32128

TITLE: VICE PRESIDENT
NAME: DAVID WALLER
STREET ADDRESS: 1002 MORI CT.
CITY-ST-ZIP: PORT ORANGE FL 32127

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)