

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 003 ***150.00

DOCUMENT # *P02 0000 7813*

1. Entity Name

WALLAKER ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1182 PINE RIDGE CIRCLE W

3. Mailing Address
1182 PINE RIDGE CIRCLE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-1

B-1

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

4. FEI Number 13-4217800

Applied For
Not Applicable

Zip
34688-6469

Country
USA

Zip
34688-6469

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DIANA A. FOLLETT

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

1182 PINE RIDGE CIRCLE W, #B-1

City TARPON SPRINGS

FL Zip Code
34688-6469

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST: DIANA A. FOLLETT 1182 PINE RIDGE CIRCLE W, #B-1 TARPON SPRINGS, FL 34688-6469	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA A. FOLLETT, DIRCTR

Date

Daytime Phone #

CR2E034B (12/02)