

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90366 049 ***150.00

DOCUMENT # P93000072300

1. Entity Name

WALL TO WALL, INC.

Principal Place of Business

Mailing Address

**2819 SUMMERFIELD STREET
 DELTONA FL 32738-5213**

**2819 SUMMERFIELD STREET
 DELTONA FL 32738-5213**

2. Principal Place of Business

154 Ziv Dr.

3. Mailing Address

154 Ziv Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeBary FL

City & State

DeBary FL

4. FEI Number

59-3205887

Applied For

Not Applicable

Zip

32713

Country

U.S.

Zip

32713

Country

U.S.

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

**FAIRCHILD, LEIGH H
 2819 SUMMERFIELD STREET
 DELTONA FL 32738-5213**

Name

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

City

154 Ziv Dr.

DeBary

FL

Zip Code

32713

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

Leigh H Fairchild

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

MAY 2000

DATE

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

FILE NOW!!! FEE IS \$150.00.

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	FAIRCHILD, LEIGH H
STREET ADDRESS	2819 SUMMERFIELD STREET
CITY-ST-ZIP	DELTONA FL 32738-5213
TITLE	D <input type="checkbox"/> Delete
NAME	FAIRCHILD, JOAN A
STREET ADDRESS	2819 SUMMERFIELD STREET
CITY-ST-ZIP	DELTONA FL 32738-5213
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leigh H Fairchild
RECEIVED
FAIRCHILD, LEIGH H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

407-753-0399

Daytime Phone #

CR2E034 (9/99)