

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075886

1. Entity Name

WALZ & COMPANY OF SEBRING, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90308 014 ***158.75

Principal Place of Business

Mailing Address

4115 LAFAYETTE AVE
 SEBRING FL 33872
 US

4115 LAFAYETTE AVE
 SEBRING FL 33872-4933
 US

2. Principal Place of Business

3. Mailing Address

1117 US 27 S.

1117 US 27 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sebring, FL

Sebring, FL

Zip

Country

Zip

Country

33870 Highlands

33870 Highlands

4. FEI Number

65-0455055

Applied For

Not Applicable

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

JAMES F. MCCOLLUM, P.A.
 129 SOUTH COMMERCE AVENUE
 SEBRING FL 33870

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	WALZ, NORBERT A
STREET ADDRESS	4115 LAFAYETTE AVE
CITY-ST-ZIP	SEBRING FL 33872
TITLE	<input type="checkbox"/> Delete
NAME	WALZ, JOANN
STREET ADDRESS	4115 LAFAYETTE AVE
CITY-ST-ZIP	SEBRING FL 33872
TITLE	<input type="checkbox"/> Delete
NAME	WALZ, DOUGLAS
STREET ADDRESS	1115 LAKE VIEW DRIVE N.E. Lakeview Dr.
CITY-ST-ZIP	SEBRING FL 33870
TITLE	<input type="checkbox"/> Delete
NAME	KAYLENE WALZ
STREET ADDRESS	1115 N.E. Lakeview Dr.
CITY-ST-ZIP	Sebring, FL 33870
TITLE	<input type="checkbox"/> Delete
NAME	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)