

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90082 005 ***150.00

DOCUMENT # P93000079746

1. Entity Name

D.W. WALTERS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1699 JOEL BLVD
 LEHIGH ACRES FL 33972
 US

P O BOX 895
 LEHIGH ACRES FL 33970-0895
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1130 Lee Blvd

3. Mailing Address

1130 Lee Blvd.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

Zip

Country

33936

Zip

Country

33936

USA

4. FEI Number

59-3206184

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

WALTERS, KATHY L
804 LOUIS AVE.
LEHIGH ACRES FL 33936

Name **Darrel W. Walters Sr.**

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

804 Louis AV

Lehigh Acres

City

FL

Zip Code

33972

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 **Kathy L. Walters**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

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	VP	<input type="checkbox"/> Delete
NAME	WALTERS, DARREL W SR.	
STREET ADDRESS	804 LOUIS AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	P/S	<input type="checkbox"/> Delete
NAME	WALTERS, KATHY L	
STREET ADDRESS	804 LOUIS AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walters, Darrel W. Sr.	
STREET ADDRESS	804 Louis AV	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	VP/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walters, Kathy L	
STREET ADDRESS	804 Louis AV Lehigh, FL 33972	
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
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:

Kathy Walters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00

CR2E034 (9/99)