

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017200

1. Entity Name
FLORIDA WALLS, INC.



Principal Place of Business
17765 RANCHO 78 DR
ALVA FL 33920

Mailing Address
P.O. BOX 84
ALVA FL 33920

FILED
03 JUL 18 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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 65-0483312

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

BLUM, JAMES H
17765 RANCHO 78 DR
ALVA FL 33920

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. 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 _____

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. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME BLUM, JAMES H
STREET ADDRESS 17765 RANCHO 78 DR
CITY-ST-ZIP ALVA FL 33920 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700021763977
CITY-ST-ZIP 07/24/03--01030--013 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-03

0523752 AV

CR2E034 (10/02)

Attachment

PA4000017200

FLORIDA WALLS, INC.

STUCCO -- METAL FRAMING -- DRYWALL -- ORNAMENTAL WORK

P.O. BOX 84

ALVA, FLORIDA 33920

Phone 239-274-7778

Fax 239-274-7778

James H. Blum, President

July 10, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

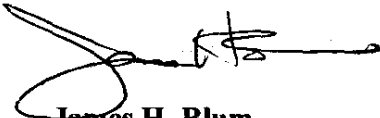
Dear Madam or Sir:

I have enclosed my business form and payment with explanation of lateness and am asking for waiver of the late fee due to medical conditions.

In December I was diagnosed with cancer and have had to have two surgeries with extensive chemo and radiation. I am under a chemo treatment for one year and had to almost stop business for a while. Being a small business owner with only one person in the office everything had to go on hold. I can produce medical information from the Moffit Cancer Center in Tampa if necessary to verify my condition. I hope you will take this into consideration to waive my late fee.

Please contact me if you need any further information, Thank you in advance for you assistance.

Sincerely,



James H. Blum
Florida Walls, Inc.