

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90062 008 ***150.00

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1. Entity Name

WALSH PROFESSIONAL INVESTIGATIONS, INC.



Principal Place of Business

1823 HOLLY OAKS LAKE RD. EAST
JACKSONVILLE FL 32225

Mailing Address

1823 HOLLY OAKS LAKE RD. EAST
JACKSONVILLE FL 32225

2. Principal Place of Business

11360 TROTting HORSE LANE

Suite, Apt. #, etc.

3. Mailing Address

11360 TROTting HORSE LANE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3255421

Applied For

Not Applicable

Zip

32225

Country

U.S.A.

Zip

32225

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALSH, THOMAS J

1823 HOLLY OAKS LAKE RD. EAST
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

MARTIN R. WALSH

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

11360 TROTting HORSE LANE

City

JACKSONVILLE

FL

Zip Code

32225

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

Martin R. Walsh

MARTIN R. WALSH

1/10/03

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

TITLE VP ☒ Delete
NAME WALSH, THOMAS J.
STREET ADDRESS 1823 HOLLY OAKS LAKE RD E
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE P ☐ Delete
NAME WALSH, MARTIN R
STREET ADDRESS 11360 TROTting HORSE LANE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Martin R. Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN R. WALSH

1/10/03

904/608-8457

Date

Daytime Phone #

CR2E034 (10/02)