

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90068 008 \*\*\*150.00

**DOCUMENT # P94000076641**

1. Entity Name  
**WALTER & ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**4232 WINDERLAKES DR**      **4232 WINDERLAKES DR**  
**ORLANDO FL 32835**      **ORLANDO FL 32835-2606**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3276783**      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**

**WALTER, MARK R**  
**4232 WINDERLAKES DR**  
**ORLANDO FL 32835**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>WALTER, MARK R</b>          |  |
| STREET ADDRESS | <b>4232 WINDERLAKES DR</b>     |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>        |  |
| TITLE          | <del>D</del>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>BROSAN, SANDIE</del>      |  |
| STREET ADDRESS | <del>4232 WINDERLAKES DR</del> |  |
| CITY-ST-ZIP    | <del>ORLANDO FL 32835</del>    |  |
| 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          | <b>D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JENNIFER L. WALTER</b>   |  |
| STREET ADDRESS | <b>4232 WINDERLAKES DR.</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO, FL. 32835</b>   |  |
| 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: Mark R. Walter (Director)      **MARK R. WALTER**      2/29/00      407-290-5249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)