

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0580088 AT

DOCUMENT # P94000076641

1. Entity Name
WALTER & ASSOCIATES, INC.

03-07-2002 90055 028 ***150.00

Principal Place of Business
4232 WINDERLAKES DR
ORLANDO FL 32835

Mailing Address
4232 WINDERLAKES DR
ORLANDO FL 32835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
421 MONTGOMERY RD.
 Suite, Apt. #, etc.
SUITE # 161

3. Mailing Address
421 MONTGOMERY RD.
 Suite, Apt. #, etc.
SUITE # 161

City & State
ALTAMONTE SPRINGS, FL.

City & State
ALTAMONTE SPRINGS, FL.

Zip
32714

Country
USA

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

WALTER, MARK R
4232 WINDERLAKES DR
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name
MARK R. WALTER

Street Address (P.O. Box Number is Not Acceptable)
421 MONTGOMERY RD., SUITE 161

City
ALTAMONTE SPRINGS

FL Zip Code
32714

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 Mark R. Walter **MARK R. WALTER, DIRECTOR** 2/19/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, MARK R 4232 WINDERLAKES DR ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, JENNIFER L 4232 WINDERLAKES DR ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUDY B. WALTER	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK R. WALTER 421 MONTGOMERY RD., SUITE 161 ALTAMONTE SPRINGS, FL. 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, JENNIFER L. 421 MONTGOMERY RD., SUITE 161 ALTAMONTE SPRINGS, FL. 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, TRUDY B. 421 MONTGOMERY RD., SUITE 161 ALTAMONTE SPRINGS, FL. 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **MARK R. WALTER, DIRECTOR** 2/19/02 409-491-4882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)