

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90093 040 ***550.00

DOCUMENT # P95000024249

1. Entity Name
WALTER HOLDING COMPANY, INC.

Principal Place of Business

**9335 W. TENNESSEE ST.
TALLAHASSEE FL 32304
US**

Mailing Address

**679 BLACKSHEAR RAD
THOMASVILLE GA 31792
US**

980311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3132621**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WADSWORTH, JAMES B
1040 E PARK AVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PD** ☐ Delete
NAME **WALTER, EBE**
STREET ADDRESS **659C BLACKSHEEP DR.**
CITY-ST-ZIP **THOMASVILLE FL 31792**

TITLE **V** ☐ Delete
NAME **POMEROY, PHILIP JR.**
STREET ADDRESS **1418 SILVER PINE LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **ST** ☐ Delete
NAME **LADSON, WILLIAM F III**
STREET ADDRESS **904 GORDON AVE.**
CITY-ST-ZIP **THOMASVILLE FL 31742**

TITLE **D** ☐ Delete
NAME **WALTER, ROBERT A**
STREET ADDRESS **4938 ST. CROIX DR.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete
NAME **WADSWORTH, JAMES B**
STREET ADDRESS **1040 E. PARK AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
NAME **SMITH, ROGER C**
STREET ADDRESS **573 TIMBERLANE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

12. 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

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)