

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

02-11-2002 90218 018 ***150.00

DOCUMENT # P95000027036

1. Entity Name

BOARDWALK PRODUCTIONS, INC.

Principal Place of Business

505 GREENWOOD AVE
 LEHIGH ACRES FL 33972
 US

Mailing Address

505 GREENWOOD AVE
 LEHIGH ACRES FL 33972
 US

2. Principal Place of Business

2228 BOHLER ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 250313

Suite, Apt. #, etc.

City & State

ATLANTA, GA

City & State

ATLANTA, GA

Zip

30327

Country

USA

Zip

30325

Country

USA

4. FEI Number

65-0610706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALSH, J. L

505 GREENWOOD AVE
 LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name

WALSH, J. L

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

2228 BOHLER ROAD

City

ATLANTA, GA

Zip Code

30327

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

WALSH J.L.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD WALSH J. LINUS 505 GREENWOOD AVE LEHIGH ACRES FL	<input type="checkbox"/>
VD WAFER, S. JANE 505 GREENWOOD AVE LEHIGH ACRES FL	<input checked="" type="checkbox"/>
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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSTD WALSH J. LINUS 2228 BOHLER ROAD ATLANTA, GA 30327	<input type="checkbox"/>	<input type="checkbox"/>
PSTD WALSH, J. LINUS 505 GREENWOOD AVE LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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
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:

SIGNATURE REQUIRED**J. LINUS WALSH****1/23/02 404-351-5708**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)