

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043094

1. Entity Name
WAL - ROSE, INC.

Principal Place of Business
3848 MOORES STATION RD
SANFORD FL 32772
US

Mailing Address
P O BOX 728
S
SANFORD FL 32772
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 59-3317838
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, THOMAS E
740 FLORIDA CENTRAL PKWY
2008
32750 FL 32773

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.

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 \$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 D
NAME GRIFFITH, WALTER D SR
STREET ADDRESS 3848 MOORES STATION RD
CITY-ST-ZIP SANFORD FL 32772 ☒ Delete

TITLE P
NAME GRIFFITH, W DUANE
STREET ADDRESS 1001 PIONEER WAY P O BOX 1033
CITY-ST-ZIP GENEVA FL ☐ Delete

TITLE VP
NAME GRIFFITH, FREIDA ROSE
STREET ADDRESS 3848 MOORES STATION RD
CITY-ST-ZIP SANFORD FL 32772 ☒ Delete

TITLE ST
NAME GRIFFITH, MELINDA
STREET ADDRESS 1001 PIONEER WAY
CITY-ST-ZIP GENEVA FL 32732 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Melinda Griffith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.04.02 407/328-9999
Date Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90009 028 ***150.00



DO NOT WRITE IN THIS SPACE

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