

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90210 018 ***150.00

0038205 AV

DOCUMENT # P95000058629

1. Entity Name
WALLINGTON SALES, INC.



Principal Place of Business
**3416 SILVER PALM DR.
JACKSONVILLE FL 32250**

Mailing Address
**3416 SILVER PALM DR.
JACKSONVILLE FL 32250**

2. Principal Place of Business
14750 Beach Blvd.

3. Mailing Address
14750 Beach Blvd.

Suite, Apt. #, etc.
48

Suite, Apt. #, etc.
48

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32250

Country

Zip
32250

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3329610

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

**SCHILSON, RANDY
3416 SILVER PALM DR.
JACKSONVILLE FL 32250**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVT
SCHILSON, RANDY
3416 SILVER PALM DR.
JACKSONVILLE FL 32250** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
LASKA, MICHAEL
659-C PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy Schilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03
Date

904-733-9595
Daytime Phone #

CR2E034 (10/02)