

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90432 044 ***150.00

DOCUMENT # P96000009382

1. Entity Name

WALTERS PAINTING, INC.

Principal Place of Business

**8813 SPRING-HAVEN BLVD
 NEW PORT RICHEY FL 34652**

Mailing Address

**8813 SPRING-HAVEN BLVD
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

8823 MANOS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY FLA

4. FEI Number

59-3362361

Applied For

Not Applicable

Zip

Country

Zip

Country

34655

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

**WALTERS, WILLIAM L
 8813 SPRING HAVEN BLVD
 NEW PORT RICHEY FL 34655**

Name

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

8823 MANOS CIRCLE

NEW PORT RICHEY

FL

34655

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WALTERS, WILLIAM L**
 CITY-ST-ZIP **8813 SPRING HAVEN BLVD
 NEW PORT RICHEY FL 34655**

TITLE ☒ Change ☐ Addition
 NAME **8823 MANOS CIRCLE**
 STREET ADDRESS **NEW PORT RICHEY FLA. 34655**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WALTERS, BARBARA J**
 CITY-ST-ZIP **8813 SPRING HAVEN BLVD
 NEW PORT RICHEY FL 34655**

TITLE ☒ Change ☐ Addition
 NAME **8823 MANOS CIRCLE**
 STREET ADDRESS **NEW PORT RICHEY FLA. 34655**
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)