## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P96000081691 BILWALT, INC. 05-16-2001 90375 019 \*\*\*150.00 Principal Place of Business Mailing Address 1234 AIRPORT RD 1234 AIRPORT RD STE 204 STE 204 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 10916 Emerald Coast Pkwy 35008 Emerald Coast Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4th Floor City & State City & State 4. FEI Number 59-3409172 Applied For Destin, FL Destin, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32541 USA 32541 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -OSWALT, GREG S Street Address (P.O. Box Number is Not Acceptable) 4116 INDIAN TRAIL **DESTING FL 32541** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition OSWALT, GREG S NAME NAME 4116 INDIAN TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP ☐ Delete TITLE 2 Change ☐ Addition BILGER, DANIEL Q NAME NAME 3579 GRAND OAKS WAY STREET ADDRESS STREET ADDRESS 213 Dolphin Street CITY-ST-ZIP DESTIN FL 32541 Destin, FL 32541 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 the information

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER