

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003163

1. Entity Name  
WALL SPRINGS CONSERVATORY, INC.

Principal Place of Business

3708 ALT. 19 NORTH  
PALM HARBOR FL 34683

Mailing Address

3708 ALT. 19 NORTH  
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3421815

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

RAYMOND, J. PAUL ESQ.  
625 COURT STREET, SUITE 200  
CLEARWATER FL 33756

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME DOUGLAS, SCOTT D  
STREET ADDRESS 3708 ALT. 19 N.  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE SD  
NAME RAYMOND, PAUL J  
STREET ADDRESS 625 COURT ST. SUITE 200  
CITY-ST-ZIP PALM HARBOR FL 33756 ☐ Delete

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

TITLE D  
NAME DOUGLAS, ROBERT B  
STREET ADDRESS 3708 ALT. 19 N.  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*W. J. Paul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90078 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)