2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700003425 1. Entity Name THE WALTERS LAW FIRM, P.A. Principal Place of Business Mailing Address 225 WATER ST #1575 JACKSONVILLE FL 32202 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Zip Country 5. Ce 6. Name and Address of Current Registered Agent WALTERS, DEBORAH D 225 WATER ST #1575 Street Address (P.O. Box 225 WATER ST #1575) Street Address (P.O. Box 225 WATER ST #1575) Street Address (P.O. Box 225 WATER ST #1575)

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90106 040 ***150.00



DO NOT WRITE IN THIS SPACE

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City & State		City & State		4. F	FEt Number 59-3454673			plied For
								Applicable
Zip	Country	Zip	Country	5. (Certificate of Status Desired		\$8.75 Addi ee Required	
	6. Name and Address of Current R	egistered Agent	- ;+	~· ~ 7. f	Name and Address of New Reg	istered A	gent	
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	(SONVILLE FL 32202							
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			City			FL	Zip Code	ı
		to a second of the second	ita an aistered office		ant or both in the State of Florid			
B. The above	named entity submits this statement for t	ne purpose of changing	its registered office	e or registereo agi	ent, or both, in the State of Florida	a,		
SIGNATURE .	Signature, typed or printed name of registered agent an-	d title if applicable (A	OTE: Registered Agent si	ignature required when (einstatinn)	DATE		
	Signature, typed or priviled name of registered agent are) file ii applicable. (14	OTE. Registored Again as	gradue regarded which re	1			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NO	W!!! FEE IS \$1!	50.00	10. Election Campaign Finance	cina	\$5 Of	О Мау Ве
•	requirement and elects to do so.	,	2000 Fee will be	•	Trust Fund Contribution.			ed to Fees
(See crite	ria on back)	Make Check Pay	able to Departm	nent of State				
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS	IN 11
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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: LILIONAL WELFT COURSED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Walters, President 4/25/00

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Daytime Phone #

CR2E034 (9/99