

FILED

Sep 14, 2000 8:00 a
Secretary of State

09-14-2000 90016 001 ***550.00

DOCUMENT # P97000057975

WALLACE INDUSTRIES, INC.

A0078050



DO NOT WRITE IN THIS SPACE

1. Place of Business 72ND AVE 33155		2. Mailing Address 743 PALM AVE BOCA RATON FL 33432	
3. Mailing Address		Apt. #, etc.	
Suite, Apt. #, etc.		City & State	
Country		Zip	Country

4. FEI Number **65-0774356** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent WALLACE, JEFFERY P 743 PALM AVE BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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ove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

operation is eligible to satisfy its Intangible
Requirement and elects to do so.
(See back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete D WALLACE, JEFFERY P 743 PALM AVE BOCA RATON FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete D WALLACE, PAUL 3860 CARAMBOLA CR, BLDG 8 COCONUT CREEK FL 33066	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete D WALLACE, SYLVIA 743 PALM AVE BOCA RATON FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

I 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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-13-00

561-367058

Date

Daytime Phone #

CR2E034 (5/00)