

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90023 036 ***158.75

DOCUMENT # P98000018497

1. Entity Name
R.C. WALSH INC.



Principal Place of Business
P.O. BOX 243521
BOYNTON BEACH FL 33424

Mailing Address
P.O. BOX 243521
BOYNTON BEACH FL 33424



2. Principal Place of Business
1403-1 WEST BOYNTON BCH
Suite, Apt. #, etc.

3. Mailing Address
Po Box 741551
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Boynton BCH, FL
Zip
33426 Country
USA

City & State
Boynton BCH, FL
Zip
33474-1551 Country
USA

4. FEI Number
65-0817235

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

WALSH, ROBERT C
3530 BARGIS AVE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name
ROBERT WALSH
Street Address (P.O. Box Number is Not Acceptable)
7647 GREAT OAK DR
City
LAKE WORTH **FL** Zip Code
33467

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALSH, ROBERT C	
STREET ADDRESS	3530 BARKIS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	JACQUELINE WALSH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT WALSH	
STREET ADDRESS	7647 GREAT OAK DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUELINE WALSH	
STREET ADDRESS	7647 GREAT OAK DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

1/1/03

Date

Daytime Phone #

CR2E034 (10/02)