2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90043 001 ***150.00

DOCUMENT # P98000027426 ✓

1. Entity Name
WALSH REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
PLAZA OFFICE BUILDING 29W 14TH ST. N SUITE 26 NAPLES, FLORIDA 34103	PLAZA OFFICE BUILDING 29W 14TH ST. N SUITE 26 NAPLES, FLORIDA 34103

2. Principal Place of Business		3. Mailing Address	
Castello Sq. New address * 5051 Castello		Castello Square 5051 Castello Drive	
Suite, Apt #, etc.: 222		Suite, Apt. #, etc.: 222	
City & State: Naples FL		City & State: Naples, FL	
Zip: 34103	Country	Zip: 34103	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3508059 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WALSH, THOMAS F
PLAZA OFFICE BUILDING
29W 14TH ST. N SUITE 26
NAPLES, FLORIDA 34103

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, THOMAS F 525 FAIRWAY TERRACE NAPLES, FLORIDA 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WALSH THOMAS F 525 FAIRWAY TERRACE NAPLES, FLORIDA 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E031 (11/00)

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: X Thomas F Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #