2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # P98000027426

1. Entity Name
WALSH REAL ESTATE SERVICES, INC.

Principal Place of Business
CASTELLO SQUARE
5051 CASTELLO DRIVE STE 222
NAPLES FL 34103

Mailing Address
CASTELLO SQUARE
5051 CASTELLO DRIVE STE 222
NAPLES FL 34103

☐ CHECK HERE IF MAKING CHANGES

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 59-3508059
☐ 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
2900 14TH ST N SUITE 26
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
CASTELLO SQUARE
5051 CASTELLO DRIVE, STE. 222
City NAPLES   FL   Zip Code 34103

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 X _Thomas F Walsh_   2/11/03

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WALSH, THOMAS F STREET ADDRESS 525 FAIRWAY TERR CITY-ST-ZIP NAPLES FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS 6245-B COPPER LEAF LANE CITY-ST-ZIP NAPLES, FL 34116	☒ Change ☐ Addition
TITLE TSD NAME WALSH, THOMAS F STREET ADDRESS 525 FAIRWAY TERR CITY-ST-ZIP NAPLES FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS 6245-B COPPER LEAF LANE CITY-ST-ZIP NAPLES, FL 34116	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: X _SIGNATURE REQUIRED_   3/22/03   239-263-3012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

THOMAS F. WALSH