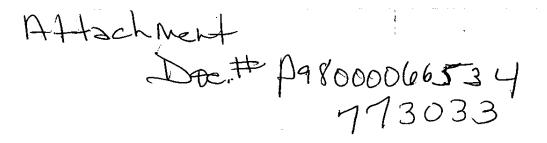
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am Secretary of State P98000066534 **DOCUMENT #** 1. Entity Name 07-10-2001 90115 018 ***150 00 CAROL WALLS ENTERPRISES, INC. Principal Place of Business Mailing Address 4819 SUSANNA WOODS COURT 4819 SUSANNA WOODS COURT JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3531887 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLS, CAROL A Street Address (P.O. Box Number is Not Acceptable) 4819 SUSANNA WOODS COURT JACKSONVILLE FL 32257 Zip Code FL 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete WALLS, CAROL A NAME NAME **4819 SUSANNA WOODS COURT** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-7IP CITY-ST-ZIP **PVST** TITLE ☐ Delete TITLE Change Addition WALLS, CAROL A NAME NAME "4819" SUSANNA" WOODS COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.



July 9, 2001

Uniform Business Report Division of Corporations Post Office Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Carol Walls Enterprises, Inc. received your notice for the company's Uniform Business Report fee. They were going to pay the fee when they noticed that your correspondence was a second notice and required a much higher fee. My client never received the first notice, as they would have paid that fee as in the past.

We respectfully request that you accept payment of \$150.00 as renewal for my client's annual report. This company pays its bills by their due date, but does not have a formal system for triggering annual or nonrecurring payments other than the actual receipt of the bill. For this reason, they have no way of knowing that a payment was due to the State of Florida unless the notice was actually received.

If you have any questions, please do not hesitate to contact me directly at 904 296-2024. Thank you for your cooperation and understanding in resolving this matter.

Yours very truly,

Sonny F. Martin, CPA