

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90115 018 ***150.00

DOCUMENT # P98000066534**1. Entity Name****CAROL WALLS ENTERPRISES, INC.****Principal Place of Business****4819 SUSANNA WOODS COURT
JACKSONVILLE FL 32257****Mailing Address****4819 SUSANNA WOODS COURT
JACKSONVILLE FL 32257****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3531887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WALLS, CAROL A
4819 SUSANNA WOODS COURT
JACKSONVILLE FL 32257**

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 \$550.00
After September 12, 2001 Fee 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****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALLS, CAROL A
4819 SUSANNA WOODS COURT
JACKSONVILLE FL 32257 ☐ Delete**TITLE**
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CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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.****SIGNATURE:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

Date

(904) 737-3240

Daytime Phone #

CR20014 (5/01)

Attachment

Doc. # P98000066534
773033

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