

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90055 025 ***150.00

DOCUMENT # P98000066534

1. Entity Name
CAROL WALLS ENTERPRISES, INC.



Principal Place of Business
**4819 SUSANNA WOODS COURT
JACKSONVILLE FL 32257**

Mailing Address
**P.O. BOX 56227
JACKSONVILLE FL 32241-6227**

60008025



2. Principal Place of Business
1314 EAST STREET

3. Mailing Address
5000-18 HIGHWAY 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 309

☒ CHECK HERE IF MAKING CHANGES

City & State
GREEN COVE SPRINGS, FL

City & State
ORANGE PARK, FL

4. FEI Number **59-3531887**

Applied For
Not Applicable

Zip
32043

Country
USA

Zip
32003

Country
USA

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
WALLS, CAROL A

Street Address (P.O. Box Number is Not Acceptable)

1314 EAST STREET

City **GREEN COVE SPRINGS** **FL** Zip Code **32043**

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 _____

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 **D** ☐ Delete
NAME **WALLS, CAROL A**
STREET ADDRESS **4819 SUSANNA WOODS COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

☒ Change ☐ Addition
NAME **WALLS, CAROL A**
STREET ADDRESS **1314 EAST STREET**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **PVST** ☐ Delete
NAME **WALLS, CAROL A**
STREET ADDRESS **4819 SUSANNA WOODS COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

☒ Change ☐ Addition
NAME **WALLS, CAROL A**
STREET ADDRESS **1314 EAST STREET**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

Date Daytime Phone #

CR2E034 (10/02)