

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

0159772 AN

**DOCUMENT # P98000081821**

1. Entity Name  
**WALL SYSTEMS ETC., INC.**

01-30-2002 90088 012 \*\*\*150.00

Principal Place of Business  
**100 S. FLAMINGO ROAD**  
**PEMBROKE PINES FL 33027**

Mailing Address  
**100 S. FLAMINGO ROAD**  
**PEMBROKE PINES FL 33027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0868400**

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

**DONAHUE, JAY M**  
**100 S. FLAMINGO ROAD**  
**PEMBROKE PINES FL 33027**

Name **JAMES RICCIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 S. FLAMINGO RD**  
 City **PEMBROKE PINES** FL Zip Code **33627**

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 *James Riccio* **JAMES RICCIO, PRES.** **1/4/02**  
 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	DP DONAHUE, JAY M 9477 N.W. 5TH STREET CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RICCIO, JAMES 9477 NW 5 ST CORAL SPGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICCIO, PHYLLIS A 9477 NW 5 ST CORAL SPGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR JAMES RICCIO 9477 NW 5 ST CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Riccio* **JAMES RICCIO, 1/4/02 305-836-2744**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)