

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083061

1. Entity Name

KENNETH R. WALTERS, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90003 023 ***150.00

Principal Place of Business

Mailing Address

PO BOX 15361
FERNANDINA BEACH FL 32035

PO BOX 15361
FERNANDINA BEACH FL 32035-3107

2. Principal Place of Business

19 So 6th Street
Suite, Apt. #, etc.

3. Mailing Address

19 So 6th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

4. FEI Number

59-3536214

Applied For

Not Applicable

Zip
32034

Country

Zip
32034

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, KENNETH R
11 SOUTH 7TH ST
FERNANDINA BEACH FL 32035

7. Name and Address of New Registered Agent

Name
Walters, Kenneth R.
Street Address (P.O. Box Numbers Not Acceptable)
19 South 6th Street
Fernandina Beach, FL 32034
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 *Kenneth R. Walters*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/2000
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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALTERS, KENNETH R
2862 PARK SQUARE PL
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALTERS, JUDITH R
2862 PARK SQUARE PLACE
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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:

Kenneth R. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000
Date

904261-9983
Daytime Phone #

CR2E034 (9/99)