

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90353 016 ***150.00

A0070684

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000094300 1. Entity Name Tracy A. Walters, INC.			
Principal Place of Business 1524 Wilton Lane Sanibel, FL 33957		Mailing Address 1524 Wilton Lane Sanibel, FL 33957	
2. Principal Place of Business 1524 Wilton Lane		3. Mailing Address 1524 Wilton Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanibel, FL		City & State Sanibel, FL	
Zip 33957	Country USA	Zip 33957	Country USA
4. FEI Number 65-0875413		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Tracy A. Walters 1524 Wilton Lane Sanibel, FL 33957		7. Name and Address of New Registered Agent Name: Tracy A. Walters Street Address (P.O. Box Number is Not Acceptable): 1524 Wilton Lane City: Sanibel FL Zip Code: 33957	
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: <i>Tracy A. Walters</i> DATE: 4/25/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Tracy A. Walters <input type="checkbox"/> Delete NAME: Tracy A. Walters STREET ADDRESS: 1524 Wilton Lane CITY-ST-ZIP: Sanibel, FL 33957		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Tracy A. Walters</i> DATE: 4/25/01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (11/00)