

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90069 004 \*\*\*150.00

DOCUMENT # **P99000026868**

1. Entity Name

**WALLABOY, INC.**

Principal Place of Business

Mailing Address

**4448 BOUGANVILLIA DRIVE, APT. 1**  
**FT. LAUDERDALE, FL 33308-3613**

2. Principal Place of Business

3. Mailing Address

**1941 NW 32<sup>ND</sup> STREET** **1941 NW 32<sup>ND</sup> STREET**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

**POMPANO BEACH, FL**

**POMPANO BEACH, FL**

Zip

Country

Zip

Country

**33064-1303**

**BROWARD**

**33064-1303**

**BROWARD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN BAILEY**  
**4448 BOUGANVILLIA DRIVE, APT. 1**  
**FT. LAUDERDALE, FL 33308-3613**

Name

**WILLIAM J. COFFMAN**  
 Street Address (P.O. Box Number is Not Acceptable)

**1941 NW 32<sup>ND</sup> STREET**

City

**POMPANO BEACH**

**FL**

Zip Code  
**33064-1303**

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

**WILLIAM J. COFFMAN**

**1/20/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P.D.</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHN BAILEY</b>	
STREET ADDRESS	<b>4448 BOUGANVILLIA DR, #1</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308-3613</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM J. COFFMAN</b>	
STREET ADDRESS	<b>1941 NW 32<sup>ND</sup> STREET</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064-1303</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**WILLIAM J. COFFMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**1/20/00**

**(954) 977-9688**

Date

Daytime Phone #

CR2E034 (9/99)