

2001 UNIFORM BUSINESS REPORT (UBR)

3/1
3/15/01

FILED
May 05, 2001 8:00 am
Secretary of State

03-15-2001 90031 005 ***150.00

DOCUMENT # P99000029207

1. Entity Name
WALTON ASSOCIATES, INC.

Principal Place of Business Mailing Address
5801 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **APPLIED FOR** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, GARY K
5801 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001, 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	D	<input type="checkbox"/> Delete
NAME	KEANE, SUZANNE L	
STREET ADDRESS	11714 WALTON AVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYLER, MARTHA T	
STREET ADDRESS	11708 WALTON AVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # P990000029207
70852

Form

SS-4

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Walton Associates, Inc.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 5801 Pelican Bay Blvd., Suite 300	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code Naples, FL 34108-2709	5b City, state, and ZIP code
6 County and state where principal business is located Collier County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Suzanne L. Keane SSN: 053-40-2232	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> REMIC <input type="checkbox"/> National Guard	<input checked="" type="checkbox"/> Other corporation (specify) ► Hold title to a boat
<input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ► _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	
<input checked="" type="checkbox"/> Started new business (specify type) ► Boat holding company	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions) N/A	11 Closing month of accounting year (see instructions) 12
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	n/a
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► holds title to boat

15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ► _____		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► _____		

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(941) 514-1555Fax telephone number (include area code)
(941) 514-1554

Name and title (Please type or print clearly.) ► Suzanne L. Keane, President

Signature ► 

Date ► 4/7/01

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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