

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90026 047 ***150.00

DOCUMENT # P99000029207

1. Entity Name
WALTON ASSOCIATES, INC.

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

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

4. FEI Number

APPLIED FOR

Applied For

59-3711063

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

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

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

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 **D** ☒ Delete
NAME **KEANE, SUZANNE L**
STREET ADDRESS **890 BARCARMIL WAY**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **BSO** ☐ Change ☒ Addition
NAME **THAYER, ROSLYN**
STREET ADDRESS **12650 COLLIER'S RESERVE DRIVE**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☐ Delete
NAME **TYLER, MARTHA T**
STREET ADDRESS **11708 WALTON AVE.**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **PSD** ☒ Change ☐ Addition
NAME **TYLER, MARTHA T.**
STREET ADDRESS **11708 WALTON PLACE**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

239-514-7072

Date

Daytime Phone #

CR2E034 (9/01)