

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90545 011 ***150.00

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DOCUMENT # P99000055001

1. Entity Name
WALTHER PROPERTY MANAGEMENT, INC.



Principal Place of Business

~~P.O. BOX 67~~
~~GULF BREEZE FL 32562~~

Mailing Address

~~P.O. BOX 67~~
~~GULF BREEZE FL 32562~~

2. Principal Place of Business

PO BOX 5974

3. Mailing Address

PO BOX 5974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DESTIN, FL 32540

City & State
DESTIN, FL 32540

4. FEI Number **59-3598906**

Applied For
Not Applicable

Zip **32540** **Country** **OKALOOSA**

Zip **32540** **Country** **OKALOOSA**

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

WALTHER, RUDOLF K

~~3325 HEDGEWATER DRIVE~~ **228 AMBERJACK DR # 6**
~~GULF BREEZE FL 32563~~ **FT. WALTON BEACH, FL**
32548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rudolf K. Walther*

DATE *April 27, 2003*

RUDOLF K. WALTHER, PRESIDENT

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ **Delete**
NAME **WALTHER, RUDOLF K**
STREET ADDRESS ~~P.O. BOX 67~~
CITY-ST-ZIP **GULF BREEZE FL 32562**

TITLE **PST** ☒ **Change** ☐ **Addition**
NAME **WALTHER, RUDOLF K.**
STREET ADDRESS **PO BOX 5974**
CITY-ST-ZIP **DESTIN, FL 32540**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rudolf K. Walther* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *April 27, 2003* **850 837 7411**

Daytime Phone #

CR2E034 (10/02)