

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055598

1. Entity Name

WALLER'S INOCO, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90019 005 ***150.00

Principal Place of Business

435 U.S. HWY. 90 WEST
DEFUNIAK SPRINGS FL 32433

Mailing Address

435 U.S. HWY. 90 WEST
DEFUNIAK SPRINGS FL 32433

80006896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581286

Applied For

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

WILLIAMSON, GLEN
435 U.S. HWY. 90 WEST
DEFUNIAK SPRINGS FL 32433

Name Welford + Williamson, PA.

Street Address (P.O. Box Number is Not Acceptable)
1020 Perdon Blvd South

City Crestview

FL

Zip Code 32536

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

A Wayne Williamson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

18 Jan 2000

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

TITLE P ☐ Delete
NAME WILLIAMSON, GLEN
STREET ADDRESS 335 TWIN LAKE DR.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ST ☐ Delete
NAME WILLIAMSON, HILTON
STREET ADDRESS 377 COY ELLIS ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alex F. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-00

Daytime Phone #

(850) 892-303