

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063890

1. Entity Name

WALLS & WELLS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90118 038 ***150.00

Principal Place of Business

15560 MCGREGOR BLVD., #8
FORT MYERS FL 33908

Mailing Address

15560 MCGREGOR BLVD., #8
FORT MYERS FL 33908-2547

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

65-0940424

Applied For

Not Applicable

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

GARGANO, ANTHONY J
2075 WEST FIRST STREET, #203
FORT MYERS FL 33901

Name RICHARD J. SIMEONE

Street Address (P.O. Box Number is Not Acceptable)

4411 CLEVELAND AVE

FORT MYERS, FL

City

FL

Zip Code

33901

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, 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 D
NAME LAGESCHULTE, DAVID L
STREET ADDRESS % 4411 CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WINROW, GARY
STREET ADDRESS 15560 MCGREGOR BLVD., #8
CITY-ST-ZIP FORT MYERS FL 33908

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 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 #

GARY WINROW

4-12-00 941-482-3711

CR2E034 (9/99)