

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084514

1. Entity Name  
AL WALLS, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90036 014 \*\*\*150.00

Principal Place of Business Mailing Address  
3617 CROWN POINT ROAD 3617 CROWN POINT ROAD  
SUITE #4 SUITE #4  
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-9010

2. Principal Place of Business 3. Mailing Address  
3617 Crown Point Rd. P.O. Box 24668  
Suite, Apt. #, etc. SUITE #1  
Suite, Apt. #, etc.

City & State City & State  
Jacksonville FL Jacksonville FL  
Zip 32257 Country USA Zip 32241 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 57-3610844 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HERNANDEZ, MEREDITH ALLEN  
3617 CROWN POINT ROAD  
SUITE #4  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
3617 Crown Point Rd.  
SUITE #1  
City Jacksonville FL Zip Code 32257

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 *Meredith Allen Hernandez* M.A. Hernandez 3/31/00  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ 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	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, ALBERT S		NAME		
STREET ADDRESS	POST OFFICE BOX 24668 N/A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, ROBERT P		NAME		
STREET ADDRESS	POST OFFICE BOX 24668 N/A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MEREDITH A		NAME		
STREET ADDRESS	POST OFFICE BOX 24668 N/A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the empowered.

SIGNATURE: *Albert S. Walls* Albert S. WALLS 4-2-2000 904 288-8999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)