

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096491

1. Entity Name

WALLACE FINISHERS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90300 018 \*\*\*150.00

Principal Place of Business

334 N.E. 3RD STREET  
BOCA RATON FL 33432

Mailing Address

334 N.E. 3RD STREET  
BOCA RATON FL 33432-4018

2. Principal Place of Business

1040 NE 24TH AVE #6  
Suite, Apt. #, etc.

3. Mailing Address

1040 NE 24TH AVE #6  
Suite, Apt. #, etc.

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

4. FEL Number

65-0959905

Applied For

Not Applicable

Zip

33062

Country

~~BOCA RATON~~

Zip

33062

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, GLENN  
334 N.E. 3RD STREET  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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, 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 D  
NAME WALLACE, GLENN  
STREET ADDRESS 1040 N.E. 24TH AVENUE, APT. #6  
CITY-ST-ZIP POMPAÑO BEACH FL 33062 ☐ Delete

TITLE D  
NAME YOUNGER, THOMAS H  
STREET ADDRESS 334 N.E. 3RD STREET  
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, S, T  
NAME WALLACE, GLENN  
STREET ADDRESS 1040 NE 24TH AVE #6  
CITY-ST-ZIP POMPAÑO BEACH, FL 33062 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 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 Glenn Wallace GLENN WALLACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

(954) 784-1097

CR2E034 (9/99)