

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100998

1. Entity Name
RO-WAL, INC.

Principal Place of Business
8640 SEMINOLE BLVD
SEMINOLE FL 33772

Mailing Address
14428 OAK GLEN DR.
LARGO FL 33774

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 59-3617247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name LEE R. WALTERS

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

14428 OAK GLEN DR.

City LARGO

FL

Zip Code 33774

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 *Lee R. Walters*
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, 2001 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 ☐ Delete
NAME **PTS**
STREET ADDRESS WALTERS, LEE
CITY-ST-ZIP 14428 OAK GLEN
LARGO FL ~~34644~~ 33774

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 33774

TITLE ☒ Delete
NAME S
STREET ADDRESS ROOT, SHARON
CITY-ST-ZIP 12299 90TH AVE.
SEMINOLE FL 33772

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE: *Lee R. Walters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE R. WALTERS 4/16/01

Date

(727) 595-8343

Daytime Phone #

0374514

CR2E034 (10/00)