## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # \$48771**

1. Entity Name WALTHIER E	NTERPRISES, INC.					
Principal Place of Business 2940 A HANSON ST FORT MYERS FL 33916 US		Mailing Address 5227 WISTERIA CT CAPE CORAL FL 33 US	1904			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

## FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90065 023 \*\*\*150.00

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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		El Number <b>65-0328022</b>			oplied For ot Applicable		
Zìp	Country	Zip	Country	<b>5</b> . C	Certificate of Status Desired	□ <b>\$</b>	8.75 Add	ditional		
6. Name and Address of Current Registered Agent				7. N	ame and Address of New Re	egistered Ag	jent .			
PARSONS, WADE H. 1853 VICTORIA AVENUE FORT MYERS FL 33901			Name Street Addres							
			City	City Zip Code						
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered age	ent, or both, in the State of Flo	rida.				
				_						
SIGNATURE _										
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registored Agent signature requ	uired when rei	instating)	DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	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 Fina Trust Fund Contribution	~	<b>\$5.0</b> Added	00 May Be d to Fees		
			12.		DITIONS/CHANGES TO OFFI	OFDO AND I	DIDECTOR			
TITLE	P	☐ Delete	TITLE	ADI	DITIONS/CHANGES TO OFFI					
NAME	WALTHIER, JOE	∟ Delete	NAME				☐ Change	Addition		
STREET ADDRESS	FOOT MICTERIA OT		STREET ADDRESS					İ		
CITY-ST-ZIP	0.55		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE							
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TITLE		☐ Delete	TITLE				☐ Change	Addition		
NAME		J01010	NAME				☐ Gliange	L Addition		
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CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Change	Addition		
NAME		Li belete	NAME					L. Addition		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP CITY		CITY-ST-ZIP					1			
13 Lhereby	certify that the information supplied wit	h this filing does not avalify to	or the eventine state of in	0	140 07(0)() El .:   O: .:					

I nereby 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.