

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90070 014 ***150.00

DOCUMENT # S49380

1. Entity Name
D. WALL, INC.

Principal Place of Business

**2812 W NEPTUNE ST
TAMPA FL 33629
US**

Mailing Address

**2812 W NEPTUNE ST
TAMPA FL 33629
US**

2. Principal Place of Business

2507 W. Edgewood Rd.

3. Mailing Address

2507 W. Edgewood Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. FEI Number

59-3073444

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALL, DANIEL R
2812 W NEPTUNE ST
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **Wall, Daniel R.**
Street Address (P.O. Box Number is Not Acceptable) **2507 W. Edgewood Rd.**
City **Tampa,** **FL** Zip Code **33609**

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, 2002 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 **PD** ☐ Delete
NAME **WALL, DANIEL ROBERT**
STREET ADDRESS **2812 W NEPTUNE ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **ST** ☐ Delete
NAME **WALL, KIM N**
STREET ADDRESS **2812 W NEPTUNE ST**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Wall, Daniel Robert**
STREET ADDRESS **2507 W. Edgewood Rd.**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **ST** ☒ Change ☐ Addition
NAME **Wall, Kim N.**
STREET ADDRESS **2507 W. Edgewood Rd.**
CITY-ST-ZIP **Tampa, FL 33609**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02 (813) 624-5934

CR2E034 (9/01)