

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # V51445**1. Entity Name
WALTER CAPITAL CORPORATION**Principal Place of Business**

9335 W. TENNESSEE ST

TALLAHASSEE

32304

FL

US

Mailing Address

679 BLACKSHEAR DR

SUITE D

THOMASVILLE

31792

FL

US

2. Principal Place of Business**3. Mailing Address**

679 BLACKSHEAR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State**

THOMASVILLE

GA

Zip

Country

Zip

Country

31792

US

4. FEI Number**59-3132621**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WADSWORTH JAMES BJR****1040 E PARK AVE****SUITE D****TALLAHASSEE****32301**

US

FL

7. Name and Address of New Registered Agent**Name****WADSWORTH JAMES BJR****Street Address (P.O. Box Number is Not Acceptable)****1040 E PARK AVE****City****TALLAHASSEE****FL****Zip Code**
32301

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)

01/29/2001

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	ST	<input type="checkbox"/> Delete
NAME	LADSON WILLIAM F	
STREET ADDRESS	904 GORDON AVE	
CITY-ST-ZIP	THOMASVILLE GA 31792	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADSON WILLIAM F	
STREET ADDRESS	904 GORDON AVE	
CITY-ST-ZIP	THOMASVILLE GA 31792	

TITLE	V	<input type="checkbox"/> Delete
NAME	POMEROY JOHN P	
STREET ADDRESS	1418 SILVER PINE LN	
CITY-ST-ZIP	TALL FL 32344	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMEROY JOHN P	
STREET ADDRESS	RTE 2, BOX 105F	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALTER EBE	
STREET ADDRESS	659C BLACKSHEAR DR	
CITY-ST-ZIP	THOMASVILLE FL 31792	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER EBE	
STREET ADDRESS	659C BLACKSHEAR RD	
CITY-ST-ZIP	THOMASVILLE GA 31792	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM F LADSON, III

T

01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)