

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90069 035 \*\*\*150.00

DOCUMENT # F99000005872

1. Entity Name

KEN WALL RESOURCES, INC.

Principal Place of Business

Mailing Address

24039 PERDIDO BEACH BLVD  
PENSACOLA FL 36561

P.O. BOX 2020  
ORANGE BEACH AL 36561-2020

838487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

24039 PERDIDO BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE BEACH, ALABAMA

City & State

City & State

4. FEI Number

63-1234567

Applied For

Not Applicable

Zip

36561

Country

BALDWIN

Zip

Country

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GARRETT, DONNA R.  
16289 N SHORE DR  
PENSACOLA FL 32507

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	WALL, KENNETH O	
STREET ADDRESS	24039 PERDIDO BEACH BLVD	
CITY-ST-ZIP	PENSACOLA FL 36561	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALBIS, GINA M	
STREET ADDRESS	P.O. BOX 2020	
CITY-ST-ZIP	ORANGE BEACH FL 36561	
TITLE	S	<input type="checkbox"/> Delete
NAME	STITT, KATHLEEN	
STREET ADDRESS	10680 KENNETH LEE LANE	
CITY-ST-ZIP	ELBERTA AL 36530	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	ORANGE BEACH, ALABAMA 36561
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	ORANGE BEACH, ALABAMA 36561
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 officer or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 (334) 974-2131

Date

Daytime Phone #

CR2E034 (9/99)

REC'D APR 17 2000