FILED

Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90022 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT # F9900005872

KEN WALL RESOURCES, INC.

Principal Place of Business

Mailing Address

		Walling Address					
24039 PERDIDO BEACH BLVD PENSACOLA FL 36561		P.O. BOX 2020 ORANGE BEACH AL 36561					
						11 00 15 00 1030 1 030 (AN 1 36 5 H a l (3 6)
2. Principal Place of Business 24039 PERDIDO BEACH BLVD		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	4. FEI Number Applied For		
Zip	E BEACH, AL Country	Zip	Causalan		63-1236160		Not Applicable
	-USA_	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 A	
	6. Name and Address of Current I	Registered Agent		7.	Name and Address of New Reg		
	۶,		Name				
	T, DONNA R		Street Address		(P.O. Box Number is Not Acceptable)		
	SHORE DR						
PENSAC	OLA FL 32507				<u> </u>		
			City			FL Zip Co	ode
8. The above	e named entity submits this statement for	the purpose of changing its	registered office of	or registered ag	gent, or both, in the State of Floric	l ia.	
	Same to the same of the same						
SIGNATURE	Signature typed or printed name of registered agent a	nd title if poplicable (NOTE	- Begistered Apost sign				
	Signature, typed or printed name of registered agent a		: Registered Agent signs	· :	einstating)	DATE	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00		10. Election Campaign Finan	cing \$5.	.00 May Be
	ria on back)	Make Check Payab	oz ree will be ş ile to Departmei	oou.uu nt of State	Trust Fund Contribution.		ed to Fees
11.	OFFICERS AND [12.		L DDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 11
TITLE	СР	☐ Delete	TITLE	CP	\$-t-v-		
NAME	WALL, KENNETH D		NAME		KENNETH D.		
STREET ADDRESS CITY-ST-ZIP	24039 PERDIDO BEACH BLVD PENSACOLA FL 36561		STREET ADDRESS CITY-ST-ZIP	24039 ORANGE	PERDIDO BEACH BLV BEACH, AL 36561	D.	
TITLE	V	☐ Delete	TITLE	V			☐ Addition
NAME	MALBIS, GINA M	CT Delete	NAME	1 -	, GINA M.	ET Change	Addition
STREET ADDRESS	P.O. BOX 2020		STREET ADDRESS		BOX 2020		
CITY-SI-ZIP	ORANGE BEACH FL 36561		City-ST-ZIP_	ORANGE	BEACH, AL 36561		
TITLE NAME	S CTOTAL MATERIAL CONT.	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	STITT, KATHLEEN 10680 KENNETH LEE LANE		STREET ADDRESS				
CITY-ST-ZIP	ELBERTA AL 36530		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	•	Delete	TITLE			☐ Change	Addition (
NAME			NAME	1		onunge	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP		74.1		
NAMÉ		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:

251-974-2131

CR2E034 (9/01)