2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90170 041 ***150.00

0561801

DOCUMENT # 281111

1. Entity Name
WALKER PRODUCE INC

C00045860

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7445 COMMERCIAL CIRCLE FT PIERCE FL 34951 US	7445 COMMERCIAL CIRCLE FT. PIERCE FL 34951 US

2. Principal Place of Business	3. Mailing Address
7445 Commercial Circle	7445 Commercial Circle
Suite, Apt.#, etc.	Suite, Apt.#, etc.
Ft Pierce, Fl	Ft Pierce, Fl
City & State	City & State
Zip 34951 / Country USA	Zip 34951 / Country USA

4. FEI Number 59-1052266 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDING, WILLIAM
425 10TH PLACE S.W.
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PT FIELDING, WILLIAM 425 10TH PLACE S.W. VERO BEACH, FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FIELDING, CHRISTINE 425 10TH PLACE SW VERO BEACH, FL 32962	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 J Fielding 4/9/01 561 461-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #