

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90139 042 ***150.00

DOCUMENT # P0000097063

1. Entity Name
JACURA WALKER, INC.

Principal Place of Business
**505 SOUTH FLAGLER DRIVE
 SUITE 400
 WEST PALM BEACH FL 33401**

Mailing Address
**505 SOUTH FLAGLER DRIVE
 SUITE 400
 WEST PALM BEACH FL 33401**



2. Principal Place of Business
10 Ocean Place
 Suite, Apt. #, etc.

3. Mailing Address
10 Ocean Place
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Highland Beach FL
 Zip **33487** Country **USA**

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Highland Beach FL
 Zip **33487** Country **USA**

4. FEI Number **65-1052678** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOLIN, CHRISTIAN N
 505 SOUTH FLAGLER DRIVE
 SUITE 400
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Uuranniemi, Tuula**
 Street Address (P.O. Box Number is Not Acceptable)
10 Ocean Place
 City **Highland Beach FL** Zip Code **33487**

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 **T. Uuranniemi, Tuula Uuranniemi Secretary** **2-18-02**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UURANNIEMI, TEPPU 505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Uuranniemi, Teppo 10 Ocean Place Highland Beach FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Uuranniemi, Heidi 10 Ocean Place Highland Beach FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Uuranniemi, Jaakko 10 Ocean Place Highland Beach FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Uuranniemi, Tuula 10 Ocean Place Highland Beach FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Teppo Uuranniemi, Pres.** **2-18-02** **561-330-0850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)