

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90545 042 ***150.00

0412910

DOCUMENT # P96000055404

1. Entity Name
CROCKETT WALKER INTERNATIONAL, INC.

| | |
|---|---|
| Principal Place of Business 2831 RINGLING BOULEVARD SUITE A-104 SARASOTA FL 34237 | Mailing Address 2831 RINGLING BOULEVARD SUITE A-104 SARASOTA FL 34237 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0680419 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| WALKER, SUZANNE G 2831 RINGLING BOULEVARD SUITE A-4 SARASOTA FL 34237 | | | | 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-----------------------|---------------------------------|--|---|--------------------------------|--|--------------|
| TITLE | VPD | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALKER, CROCKETT J | | | NAME | | | |
| STREET ADDRESS | 4307 LOST FOREST LANE | | | STREET ADDRESS | 2831 RINGLING BLVD - STE A-104 | | ADDRESS ONLY |
| CITY-ST-ZIP | SARASOTA FL | | | CITY-ST-ZIP | SARASOTA, FL 34237 | | |
| TITLE | STD | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALKER, SUZANNE G | | | NAME | | | |
| STREET ADDRESS | 4307 LOST FOREST LANE | | | STREET ADDRESS | 2831 RINGLING BLVD, STE A-104 | | ADDRESS ONLY |
| CITY-ST-ZIP | SARASOTA FL | | | CITY-ST-ZIP | SARASOTA FL 34237 | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MONOSIET, FREDERICK | | | NAME | | | |
| STREET ADDRESS | 5235 VILLA MAJORCA CT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| 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: Suzanne G Walker Date: 2-19-01 Daytime Phone #: 941-953-2269

CR2E034 (10/00)