

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079192

1. Entity Name  
CRASH WALKER, INC.

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90078 032 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4021 BONITA AVE-~~  
~~COCONUT GROVE FL 33132-~~  
US

~~4021 BONITA AVE-~~  
~~COCONUT GROVE FL 33132-~~  
US

2. Principal Place of Business

11201 SW Shady Lane

Suite, Apt. #, etc.

3. Mailing Address

11201 SW Shady Lane

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33325

Country

City & State

Plantation, FL

Zip

33325

Country

4. FEI Number

65-0696862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOSTICK & COMPANY, P.A.  
7520 N.W. 5TH STREET  
SUITE 200  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

CHRIS WALKER

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

11201 SW Shady Lane

City

Plantation

FL

Zip Code

33325

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

TITLE **D** ☐ Delete  
NAME **WALKER, CHRISTOPHER D**  
STREET ADDRESS ~~4021 BONITA AVE~~  
CITY-ST-ZIP ~~COCONUT GROVE FL 33132~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **11201 SW Shady Lane**  
CITY-ST-ZIP **Plantation, FL 33325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher D. Walker

Date

(954) 471-4437

Daytime Phone #

CR2E034 (10/00)