

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90137 041 \*\*\*150.00

**DOCUMENT # 388994**

1. Entity Name  
**WALKER CITRUS FRUITS, INC.**



Principal Place of Business  
**ORANGE AVENUE EXTENSION  
P.O. BOX 639  
FORT PIERCE FL 34954**

Mailing Address  
**ORANGE AVENUE EXTENSION  
P.O. BOX 639  
FORT PIERCE FL 34954**



2. Principal Place of Business  
**8603 Salerno Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**Salerno Rd**  
Suite, Apt. #, etc.

City & State  
**Ft. Pierce FL**

City & State

4. FEI Number **59-1362196**

Applied For  
Not Applicable

Zip **34951** Country **St. Lucie**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, DAVID L.  
3007 S. INDIAN RIVER DRIVE  
FT. PIERCE FL 34950 34982**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P WALKER, DAVID L.**  
STREET ADDRESS **3007 INDIAN RIVER DR.**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34982**

TITLE ☐ Delete  
NAME **V WALKER, VERDA H.**  
STREET ADDRESS **3007 INDIAN RIVER DR.**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34982**

TITLE ☐ Delete  
NAME **T WALKER, BRYAN LEE**  
STREET ADDRESS **2311 SE 30TH PLACE**  
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE ☐ Delete  
NAME **S WALKER, DAVID LAVERNE**  
STREET ADDRESS **3007 INDIAN RIVER DR.**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34982**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

**2/24/03**

**772-465-7840**

Date

Daytime Phone #

CR2E034 (10/02)