

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411078

1. Entity Name

DONALD C. WALKER, INC.

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90002 043 ***550.00

Principal Place of Business

8259 N MILITARY TRAIL
STE 5
WEST PALM BEACH FL 33410

Mailing Address

8195 N MILITARY TRAIL
301-C
PALM BCH GARDENS FL 33410
US

2. Principal Place of Business

7760 Olympia Drive
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

4. FEI Number 59-1429698

Applied For

Not Applicable

Zip

33411 Palm Beach

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, DONALD C
8195 N MILITARY TRAIL
STE C
PALM BEACH GARDENS FL 33410

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

Donald C. Walker Donald C. Walker

8/8/01

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 TS ☐ Delete
NAME SCHIRMEISTER, ROSE
STREET ADDRESS 8895 NORTH MILITARY TRAIL SUITE 301-C
CITY-ST-ZIP PALM BCH, FL 00000

TITLE P ☐ Delete
NAME WALKER, DONALD C
STREET ADDRESS 8895 N MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE V ☐ Delete
NAME WALKER, BARBARA J
STREET ADDRESS 8895 N MILITARY TRAIL
CITY-ST-ZIP WEST PALM BCH, FL 00000

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
CITY-ST-ZIP

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

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

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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:

Donald C. Walker Donald C. Walker 8/8/01 (561) 627-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)