FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # 479820** CHRIS R. WALKER, P.E., INC. 03-02-2001 90112 023 ***150.00 Principal Place of Business Mailing Address 8012 17TH AVE W. 8012 17TH AVE W. P.O. BOX 14790 P.O. BOX 14790 **BRADENTON FL 34280 BRADENTON FL 34280** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1603732 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANN, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 3839 47TH ST. N. SUITE 410 FLORIDA NATIONAL BANK BLDG ST PETERSBURG FL 33709 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition WALKER, CHRIS R. NAME NAME 8012 17TH AVE W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIF ST TITLE ☐ Delete TITLE Change ☐ Addition WALKER, CHERYL NAME NAME STREET ADDRESS 8012 17TH AVE W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIF Delete TITLE [] Change Addition TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

Engl [WALKER 1/5/2001 1-94

CR2E034 (10/00)

☐ Change

☐ Addition