

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556771

1. Entity Name

THE WALKER AGENCY, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90010 017 ***150.00

Principal Place of Business

Mailing Address

9811 E. HWY. 92
TAMPA FL 33610
US

P. O. BOX 16395
8
TAMPA FL 33687-6395
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1794998

Applied For

Not Applicable

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, TARA
9811 E FLWY 92
TAMPA FL 33610

Name SANDRA K. JONES

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

9811 E Hwy 92

City TAMPA

FL 33610

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 *Sandra K. Jones* Signature, typed or printed name of registered agent and title if applicable.

Sandra K. JONES, MANAGER

4-3-00

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME WALKER, TARA
STREET ADDRESS 9811 E. HWY. 92
CITY-ST-ZIP TAMPA, FL 00000

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

TITLE SD ☐ Delete
NAME WALKER, TARA
STREET ADDRESS 9811 E. HWY. 92
CITY-ST-ZIP TAMPA, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 line empowered.

SIGNATURE:

T.L. Walker T.L. WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00

(B13) 626 6234

CR2E034 (9/99)