

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681075

1. Entity Name

BOB WALKER INDUSTRIES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90200 036 ***150.00

Principal Place of Business

Mailing Address

190 S HWY 427
#116
LONGWOOD FL 32750
US

190 S HWY 427
#116
LONGWOOD FL 32750-5245
US

2. Principal Place of Business

3. Mailing Address

190 S. Hwy 427
Suite, Apt. #, etc.
#116
City & State
LONGWOOD FL

190 S. Hwy 427
Suite, Apt. #, etc.
#116
City & State
LONGWOOD FL

Zip
32750
Country
SEMINOLE

Zip
32750
Country
SEMINOLE

4. FEI Number 59-2030877

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, ROBERT J.
3105 MELLONVILLE AVE.
SANFORD FL 32773-6608
1690 TALLAPOOSA DR
GENEVA, FL
32732

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 *Robert J. Walker* ROBERT J. WALKER President 2/28/2000
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, 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	PD	<input type="checkbox"/> Delete
NAME	WALKER, ROBERT J.	
STREET ADDRESS	1690 TALLAPOOSA DR	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WALKER, MARY E.	
STREET ADDRESS	1690 TALLAPOOSA DR	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, and all other like and powers.

SIGNATURE: *Robert J. Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000 407 830 5267
Date Daytime Phone #

CR2E034 (9/99)