

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681075

1. Entity Name

BO3 WALKER INDUSTRIES, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90048 043 ***150.00

Principal Place of Business

190 S HWY 427
#116
LONGWOOD FL 32750
US

Mailing Address

190 S HWY 427
#116
LONGWOOD FL 32750
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 59-2030877

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.
1690 TALLAPOOSA DR
GENEVA FL 32732

190 S. HWY 427
SUITE 116
LONGWOOD FL 32750

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

Mary E. Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WALKER, ROBERT J.
STREET ADDRESS 1690 TALLAPOOSA DR
CITY-ST-ZIP GENEVA FL 32732

☐ Delete

TITLE DST
NAME WALKER, MARY E.
STREET ADDRESS 1690 TALLAPOOSA DR
CITY-ST-ZIP GENEVA FL 32732

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Mary Walker (MARY WALKER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/01

Daytime Phone #

407-830-5267

CR2E034 (10/00)