

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90118 043 ***150.00

DOCUMENT # 681075

1. Entity Name
BOB WALKER INDUSTRIES, INC.



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
410 KENTWOOD AV.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
410 KENTWOOD AV.

☒ CHECK HERE IF MAKING CHANGES

City & State
SANFORD FL.

City & State
SANFORD FL.

4. FEI Number **59-2030877**

Applied For
Not Applicable

Zip Country
32771 SEMINOLE

Zip Country
32771 SEMINOLE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, ROBERT J.
C/O WALKER LAMP & SHADE
190 SOUTH HIGHWAY 427, SUITE #116
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
410 KENTWOOD AV.
City **SANFORD FL.** Zip Code **32771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary E. Walker*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-26-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WALKER, ROBERT J.**
STREET ADDRESS **190 SOUTH HIGHWAY 427**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **DST** ☐ Delete
NAME **WALKER, MARY E.**
STREET ADDRESS **190 SOUTH HIGHWAY 427**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **WALKER ROBERT J.** ☒ Change ☐ Addition
NAME **410 KENTWOOD AV.**
STREET ADDRESS **SANFORD FL. 32771**
CITY-ST-ZIP

TITLE **WALKER MARY E.** ☒ Change ☐ Addition
NAME **410 KENTWOOD AV.**
STREET ADDRESS **SANFORD, FL. 32771**
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARY E. WALKER* **MARY E. WALKER** **3/26/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)