2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # F0100002041						Feb 13, 2002 8:00 am Secretary of State			
WALTON	N DEVELO	PMENT, INC.					02 90246 002 ***15		
Principal Place of Business Mailing Address 15 E. NORTH ST. DOVER DE 19901 DOVER DE 19901									
2. Principal	Place of Busin	ess	3. Mailing Address	 		!			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	ate		City & State	State		4. FEI Number 59-27940	^^	pplied For	
Zip		Country	Zip	Country		5. Certificate of Status Desired	, □ \$8.75 Ac		
	6. Name and Address of Current Registered Agent				Fee Required 7. Name and Address of New Registered Agent				
HARRISO	ON, CAROL E	1		Name					
4060 BARRANCAS AVE.				Street A	Address (P.	O. Box Number is Not Accepta	ble)		
PENSAC	OLA FL 3250	07							
			.,	City			FL Zip Coo	de	
SIGNATURE		or printed name of registered agent and		E: Registered Agent signa		d agent, or both, in the State of	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After May 1, 200 Make Check Payab					550.00	10. Election Campaign Trust Fund Contribu	ΨΨ.	00 May Be d to Fees	
11.		OFFICERS AND DI	l	12.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		J B RANCAS AVE. LA FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SOUTHER 4060 BARI	LAND, L B RANCAS AVE.	□ Delete	TITLE .NAME STREET ADDRESS		****	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete T HARRISON, C B 4060 BARRANCAS AVE.			CITY-ST-ZIP TITLE NAME STREET ADDRESS	T V D xx Change Addition Harrison, Carol B 4060 Barrancas Avenages				
TITLE NAME STREET ADDRESS	PENSACO	A FL 32507	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP			***************************************	CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the cor	poration or the	or supplemental report is r t.	ie and accurate and that ma red to execute this report a	the exemption states	iave the sar	on 119.07(3)(i), Florida Statutes ne legal effect as if made unde lorida Statutes; and that my na	v oeth∵that Lam an officer	or director	

SIGNATURE: