

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90877 042 ***150.00

DOCUMENT # **F 26943**

1. Entity Name

Walkebach, Inc

(NC) LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

528 Loring Village Ct
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orange Park FL

City & State

Same

4. FEI Number

59-2116238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Barbara Landry

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

528 Loring Village Ct

Orange Park

FL 32073

**DO NOT WRITE
IN THIS SPACE**

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

Barbara Landry

Barbara Landry

Signature, typed or printed name of registered agent and etc. 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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25**

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

TITLE **Pres and all others**
NAME **Barbara Landry**
STREET ADDRESS **528 Loring Village Ct**
CITY-ST-ZIP **Orange Park FL 32073**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Landry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 904-264-8256

Date

Daytime Phone #

CR2E034B (12/01)