## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F60911

Country

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

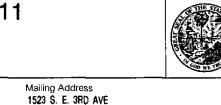
Zip

SIGNATURE

1523 S. E. 3RD AVE OCALA FL 34471

US

BERRY J. C. WALKER, SR., P.A.



FILED
May 22, 2003 8:00 am 
Secretary of State

05-22-2003 90138 018 \*\*\*500.00

JU101404

CHECK HERE IF MAKING CHA	
4. FEI Number 59-2227048	Applied For
	Not Applicable

DATE

Trust Fund Contribution.

Society

5. Certificate of Status Desired
Fee R

6. Name and Address of Current Registered Agent

WALKER, BERRY J. C. SR.

1523 SE 3RD AVE

OCALA FL 32671

City

5. Certificate of Status Desired
Fee R

Street Address of New Registered Agent

Name

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

OCALA FL 34471

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

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 famillar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

9. Election Campaign Financing

\$5.00 May Be Added to Fees

☐ Addition

☐ Change

Fee Required

Zip Code

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Delete TITLE ☐ Change Addition WALKER, BERRY J.C., SR. NAME NAME 1523 S.E. 3RD AVENUE STREET ADDRESS STREET ADDRESS OCALA FL 6 Y-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE\_. ☐ Delete TITLE . ☐ Change --- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 the empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

5/19/03 1-352-6237
Date Daytime Phone #