

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001689

1. Entity Name

CARL WALKER, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90001 026 ***158.75

Principal Place of Business

Mailing Address

445 W. MICHIGAN AVE., #101
KALAMAZOO MI 49007

445 W. MICHIGAN AVE., #101
KALAMAZOO MI 49007-3749

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 **38-2622047**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 SVD ☐ Delete
NAME HIBBARD, FORREST N
STREET ADDRESS 1655 TULLE CIR NE #116
CITY-ST-ZIP ATLANTA GA 30329

TITLE CTD ☐ Change ☒ Addition
NAME H CARL WALKER
STREET ADDRESS 445 W MICHIGAN AVE
CITY-ST-ZIP KALAMAZOO MI 49007

TITLE D ☐ Delete
NAME WALKER, WILLIAM
STREET ADDRESS 4236C ELDERRIDGE ST #201
CITY-ST-ZIP MORRISON CO 80465

TITLE V ☐ Change ☒ Addition
NAME MICHAEL C ORTLIEB
STREET ADDRESS 445 W MICHIGAN AVE
CITY-ST-ZIP KALAMAZOO MI 49007

TITLE D ☐ Delete
NAME BOWSER, WILLIAM E.
STREET ADDRESS 445 W MICHIGAN AVE
CITY-ST-ZIP KALAMAZOO MI 49007

TITLE V ☐ Change ☒ Addition
NAME GAILUS A VASONIS
STREET ADDRESS 445 W MICHIGAN AVE
CITY-ST-ZIP KALAMAZOO MI 49007

TITLE PD ☐ Delete
NAME STAIF, JAMES E
STREET ADDRESS 13747 MONTFORT DR., #105
CITY-ST-ZIP DALLAS TX 75240

TITLE D ☐ Change ☒ Addition
NAME ROBERT MATTHEWS
STREET ADDRESS 4046 CAMP DELIGHT RD
CITY-ST-ZIP ONEKAMA MI 49675

TITLE D ☐ Delete
NAME HIBBARD, FORREST N
STREET ADDRESS 1655 TULLE CIR., NE, #116
CITY-ST-ZIP ATLANTA GA 30329

TITLE V ☐ Change ☒ Addition
NAME THOMAS J DELANY
STREET ADDRESS 2198 GLADSTONE CT
CITY-ST-ZIP GLENDALE HEIGHTS IL 60139

TITLE P ☐ Delete
NAME CUDNEY, GARY
STREET ADDRESS 445 W MICHIGAN AVE #101
CITY-ST-ZIP KALAMAZOO MI 49007

TITLE V ☐ Change ☒ Addition
NAME PAUL D MACK
STREET ADDRESS 600 GRANT ST
CITY-ST-ZIP DENVER CO 80203

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00

616 381-2222

CR2E034 (9/99)