

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90005 026 ***150.00

DOCUMENT # F95000005886

1. Entity Name

WALKER AND ASSOCIATES OF VIRGINIA, INC.

Principal Place of Business

Mailing Address

7129 OLD HWY. 52
 WELCOME NC 27374

P O BOX 1029
 WELCOME NC 27374-1029
 US

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

54-0982503

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	VAS	<input type="checkbox"/> Delete
NAME	WHITLEY, MARK L	
STREET ADDRESS	7129 OLD HWY. 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, VIRGINIA M	
STREET ADDRESS	7129 OLD HWY. 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, MILTON C	
STREET ADDRESS	7129 OLD HWY. 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, MARK C	
STREET ADDRESS	7129 OLD HIGHWAY 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Mark L Whitley* **Mark L Whitley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 **1/27/00** *336-731-6391*
 Date Daytime Phone #

CR2PF034 (9/99)