

FILED

3/1
Apr 19, 2001 8:00 am
Secretary of State

03-16-2001 90060 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H43505**

1. Entity Name

HENRY WALKER EQUIPMENT SERVICE, INC.

Principal Place of Business

**7310 HAWKINS ROAD
SARASOTA FL 34241**

Mailing Address

**7310 HAWKINS ROAD
SARASOTA FL 34241**

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

59-2494865

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, CHARLES W.
2172 HILLVIEW STREET
SARASOTA FL**

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 changing)

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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	DST WALKER, SHAREN M. 7310 HAWKINS ROAD SARASOTA FL	☐ Change ☐ Addition	
☐ Delete	DP WALKER, HENRY C. 7310 HAWKINS ROAD SARASOTA FL	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

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 Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5004
Tues.**

Date

4/11/01**(941) 922-2136**

Daytime Phone

CR2E034 (10/00)