

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90156 034 ***150.00

DOCUMENT # J44302

1. Entity Name
GARDEN WALK, INC.

Principal Place of Business
C/O GLEASON MOORE
8200 MILITARY TRL.
PALM BCH.GARDENS FL 33410
US

Mailing Address
C/O MARIAN DELURY
8200 MILITARY TRL.
PALM BCH.GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address
8200 Military Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.
o/o Home Owners

City & State

City & State
Palm Beach Gardens Fl

4. FEI Number
59-2778986

Applied For
 Not Applicable

Zip Country

Zip Country
33410 US

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

MOORE, GLEASON
364 N FOUR SEASONS RD
PALM BCH GARDENS FL 33410

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 **GLEASON MOORE, PRESIDENT** *Gleason Moore* **4/20/02**
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, 2002 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
<input type="checkbox"/> Delete	P MOORE, GLEASON 364 NO. 4 SEASONS RD. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	VP DELURY, MARIAN 434 W FOUR SEASONS PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S GEMBICKI, PAT 217 N. FOUR SEASONS PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	SD KLEMENTOWSKI, PETER 282 SPRING CIRCLE PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	T SPIEGEL, DONNA 178 SUMMER WIND TRAIL PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	S CUOZZI, JOE 21 S FOUR SEASON PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S PIERSON, BOB 40 S. FOUR SEASONS PALM BEACH GARDENS, FL 33410

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: *Gleason Moore* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 **(561)624-3658**
Date Daytime Phone #

CR2E034 (9/01)