

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90064 026 \*\*\*158.75

**DOCUMENT # J59886**

1. Entity Name  
**HICKORY WALK, INC.**



Principal Place of Business  
**9095 LK LOWERY RD  
3 HICKORY WALK LK LOWERY RD POBOX 1137  
LAKE ALFRED FL 33850  
US**

Mailing Address  
**P O BOX 1137  
3 HICKORY WALK LK LOWERY RD POBOX 1137  
LAKE ALFRED FL 33850  
US**

00001010



2. Principal Place of Business  
**3569 Harbor Circle**

Suite, Apt. #, etc.

3. Mailing Address  
**3569 Harbor Circle**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WINTER HAVEN, FLA.**

Zip  
**33881**

Country  
**PO/K**

City & State  
**WINTER HAVEN, FLA**

Zip  
**33881**

Country  
**PO/K**

4. FEI Number **59-2797566**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ENZOR, J. K., JR  
3 HICKORY WALK  
LAKE LOWRY ROAD  
LAKE ALFRED FL 33850**

7. Name and Address of New Registered Agent  
Name  
**ENZOR, J. K., JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**3569 HARBOR CIRCLE**  
**WINTER HAVEN, FLA.**  
City  
**FL** Zip Code  
**33881**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ENZOR, J K JR 9095 HICKORY WALK; LAKE LOWERY RD. LAKE ALFRED FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ENZOR, DONNA K. 90-95 HICKORY WALK; LAKE LOWERY RD. LAKE ALFRED FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3569 HARBOR CIRCLE WINTER HAVEN, FLA 33881</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3569 HARBOR CIRCLE WINTER HAVEN, FLA 33881</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: **ENZOR, J. K., JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/6/03 (863)292-9232  
Daytime Phone #

CR2E034 (10/02)