## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J68270

**DOCUMENT #** 

## May Sec

FILED	9
y 05, 2003 8:00 am	
cretary of State	,
•	1

1. Entity Name WALKER INVESTMENTS, INC.							05-05-2003 92198 029 ***150.00	
Principal Place of Business 931 N. PENNSYLVANIA AVENUE WINTER PARK FL 32789 US		Mailing Address 931 N. PENNSYLVANIA AVENUE WINTER PARK FL 32789 US						
2. Principal I	Place of Busine	ess	3. Ma	iling Address	<del></del> -		-\ \ 1 1001110 6110 6110 11011 11011 11011 10011 8011 8	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State			City & State				4. FEI Number 59-2785436 Applied For Not Applicable	
Zip		Country	Zip		Country		5. Certificate of Status Desired Sa.75 Additional Fee Required	
	6. Name	and Address of Current	Register	ed Agent	<del></del>		7. Name and Address of New Registered Agent	
					Name			
WALKER,			·		Street Add	dress (P.	(P.O. Box Number is Not Acceptable)	
	NNSYLVANIA				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
WINTER P	ARK FL 3278	39						
					City		FL Zip Code	
	e named entity ations of registe		the purp	pose of changing its re	egistered office or re	egistered	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed o	r printed name of registered agent a	nd title if app	plicable. (NOTE:	Registered Agent signature	required w	d when reinstating) DATE	
Afte	er May 1, 200:	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Lance Nsylvania avenue RK FL 32789		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L .	Seph A. Nsylvania avenue RK FL 32789		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ 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 attacking on the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE: