

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90011 033 ***158.75

DOCUMENT # K44462

1. Entity Name

WALKER MARKETING, INC.

Principal Place of Business

4200 114TH TER NO
CLEARWATER FL 33762
US

Mailing Address

4200 114TH TER NO
CLEARWATER FL 33762
US

2. Principal Place of Business

40347 US Hwy 19 No.

Suite, Apt. #, etc.

Suite 217

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

3. Mailing Address

40347 US Hwy 19 No

Suite, Apt. #, etc.

Suite 217

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2920231

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, ALVIN M.

143 LAKE SHORE DR.

PALM HARBOR FL 34684

3146 Edgemoor Dr
Palm Harbor, FL
34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3146 Edgemoor Dr

City

Palm Harbor

FL

Zip Code

34685

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, 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

TITLE ☐ Delete
NAME PST
STREET ADDRESS WALKER, ALVIN M.
CITY-ST-ZIP 143 LAKE SHORE DRIVE NO.
PALM HARBOR FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11)

TITLE ☒ Change ☐ Addition
NAME 3146 Edgemoor Dr
STREET ADDRESS
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 (771) 945-8303

CR2E034 (10/00)