

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90008 042 ***150.00

0261631

DOCUMENT # K54230

1. Entity Name

BITTERROOT INVESTMENTS, INC.

Principal Place of Business

Mailing Address

6701 CYPRESS ROAD
APT 310
PLANTATION FL 33317
US

6710 CYPRESS ROAD
APT 310
PLANTATION FL 33317
US

2. Principal Place of Business

32801 HWY 441 N. - #134
Suite, Apt. #, etc.

3. Mailing Address

32801 HWY. 441 N.
Suite, Apt. #, etc.
#134



DO NOT WRITE IN THIS SPACE

City & State

OKEECHOBEE FL

City & State

OKEECHOBEE FL

4. FEI Number

65-0090599

Applied For

Not Applicable

Zip

Country

34972

US

Zip

Country

34972

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

WALKER, ROBERT D.
6701 CYPRESS ROAD, APT 310
PLANTATION FL 33317

Name ROBERT D. WALKER

Street Address (P.O. Box Numbers Not Acceptable)
32801 HWY 441 N. - #134

City OKEECHOBEE

FL

Zip Code 34972

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

Robert D. Walker
ROBERT D. WALKER PRESIDENT

4-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WALKER, ROBERT D.
STREET ADDRESS 6701 CYPRESS ROAD, APT 310
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE
NAME ROBERT D. WALKER ☒ Change ☐ Addition
STREET ADDRESS 32801 HWY 441 NORTH #134
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE ST
NAME WALKER, CORINNE J.
STREET ADDRESS 6701 CYPRESS ROAD, APT 310
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE
NAME Corinne J. Walker ☒ Change ☐ Addition
STREET ADDRESS 32801 Hwy. 441 N. #134
CITY-ST-ZIP Okeechobee, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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:

Robert D. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT D. WALKER

4-6-01

Date

863-763-5726

Daytime Phone #

CR2E034 (10/00)